

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY -2 PM 3:00

DOCUMENT # M04000000141

1. Entity Name
USA TITLE, LLC



Principal Place of Business
2930 BISCAYNE BLVD.
MIAMI, FL 33135

Mailing Address
2930 BISCAYNE BLVD.
MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE



04292005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-0448854

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SK BUSINESS TRUST
STREET ADDRESS 2930 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33135

TITLE MGRM
NAME RF BUSINESS TRUST
STREET ADDRESS 2930 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33135

TITLE MGRM
NAME MENIN 1998 FAMILY TRUST
STREET ADDRESS 2930 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400054109784
05/03/05--01065--002 **50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Authorized Representative

20/05

305.374.5700

Date

Daytime Phone #