


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90182 030 ****50.00

DOCUMENT # M05000001734	
1. Entity Name MY CLOSING SPACE, LLC	

Principal Place of Business 654 SHARROTT'S ROAD STATEN ISLAND, NY 10309	Mailing Address 654 SHARROTT'S ROAD STATEN ISLAND, NY 10309
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2. Principal Place of Business - No P.O. Box # 1030 SPRING VILLAS POINT	3. Mailing Address Suite, Apt. #, etc. Suite 1000
City & State Winter Springs, FL	City & State
Zip 32708	Country USA

08012007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2573849	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MALTEMPI, CATHRYN L 347 PAWNEE TRAIL WINTER SPRINGS, FL 32708	7. Name and Address of New Registered Agent Name Maltempi, Cathryn L Street Address (P.O. Box Number is Not Acceptable) 1030 SPRING VILLAS POINT Suite 1000 City Winter SPRINGS FL Zip Code 32708
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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 Cathryn L Maltempi Office Manager	DATE 8/15/07

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR INTEGRITY TITLE AGENCY, INC. 654 SHARROTT'S ROAD STATEN ISLAND, NY 10309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.	
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SIGNATURE: Joseph Murphy	JOSEPH MURPHY - Controller	8/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #