

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000001604

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC3063645941**

**Entity Name:** SPECIALIZED TITLE SERVICES LLC

**Current Principal Place of Business:**

8742 LUCENT BLVD.  
SUITE 650  
HIGHLANDS RANCH, CO 80129

**Current Mailing Address:**

PO BOX 631873  
LITTLETON, CO 80163 US

**FEI Number:** 27-0934556

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	WELLS, TOBY E	Name	HARALSON, ALI M
Address	8742 LUCENT BLVD. SUITE 300	Address	8742 LUCENT BLVD. SUITE 300
City-State-Zip:	HIGHLANDS RANCH CO 80129	City-State-Zip:	HIGHLANDS RANCH CO 80129

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TOBY WELLS

**MANAGER**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date