

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040668

FILED
Feb 08, 2012
Secretary of State

Entity Name: BOSTON NATIONAL TITLE AGENCY, LLC

Current Principal Place of Business:

473 NW PRIMA VISTA BLVD.
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

473 NW PRIMA VISTA BLVD.
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 20-4860829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERATSIS, JOHN
473 NW PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: KERATSIS, JOHN
Address: 473 NW PRIMA VISTA BLVD
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: MGRM
Name: KAIMAN, MARK
Address: 417 5TH AVE. 9TH FLOOR
City-St-Zip: NEW YORK, NY 10016

Title: CEO
Name: KERATSIS, JOHN
Address: 473 NW PRIMA VISTA BLVD.
City-St-Zip: PORT ST LUCIE, FL 34983

Title: CFO
Name: WITT, ROY MICHAEL
Address: 473 NW PRIMA VISTA BLVD.
City-St-Zip: PORT ST LUCIE, FL 34983

Title: CTO
Name: LEWIS, KEITH W
Address: 473 NW PRIMA VISTA BLVD.
City-St-Zip: PORT ST LUCIE, FL 34983

Title: S
Name: ADAMS, ANDREW M
Address: 473 NW PRIMA VISTA BLVD.
City-St-Zip: PORT ST LUCIE, FL 34983

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOHN KERATSIS

MGR

02/08/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date