

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000080902

**Entity Name:** EXCHANGE ADVISORS TITLEHOLDER, LLC

**Current Principal Place of Business:**

200 S BISCAYNE BLVD  
SUITE 2500  
MIAMI, FL 33131

**Current Mailing Address:**

200 S BISCAYNE BLVD  
SUITE 2500, ATTN: M. SILVA  
MIAMI, FL 33131

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 S PINE ISLAND ROAD  
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 MGRM  
Name EXCHANGE ADVISORS, LLC  
Address 200 S BISCAYNE BLVD, STE 2500  
City-State-Zip: MIAMI FL 33131

*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:** EXCHANGE ADVISORS, LLC

**MANAGER**

**01/07/2015**

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

\_\_\_\_\_  
Date