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: KAREN S. LEOPOLD

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT

01/13/2017

LEOPOLD KORN, P.A. 20801 BISCAYNE BOULEVARD SUITE 501 AVENTURA, FL 33180 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

Authorized Person(s) Detail :

Authorized Ferson(s) Detail .			
Title	MGR	Title	Р
Name	LEOPOLD KORN, P.A.	Name	LEOPOLD, KAREN
Address	20801 BISCAYNE BOULEVARD, SUITE 501	Address	20801 BISCAYNE BOULEVARD, SUITE 501
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180
Title	VPST		
Name	KORN, GARY		
Address	20801 BISCAYNE BOULEVARD, SUITE 501		
City-State-Zip:	AVENTURA FL 33180		

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000084886

Entity Name: REO TITLE COMPANY OF FLORIDA, LLC

Current Principal Place of Business:

20801 BISCAYNE BOULEVARD SUITE 501 AVENTURA, FL 33180

Current Mailing Address:

20801 BISCAYNE BOULEVARD SUITE 501 AVENTURA, FL 33180 US

FEI Number: 26-3381888

Name and Address of Current Registered Agent:

FILED Jan 13, 2017 Secretary of State CC4350956298

Certificate of Status Desired: No

Date

Date