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: DEBBIE PASCHALL 01/28/2	2016
Electronic Signature of Registered Agent Dat	Э
Authorized Person(s) Detail :	
Title MGR Title MGR	
Name PASCHALL, DEBBIE Name CHAMBLISS, STANLEY	
Address 221 WEST STATE ROAD 434 Address 221 WEST STATE ROAD 434	
City-State-Zip: LONGWOOD FL 32750 City-State-Zip: LONGWOOD FL 32750	
TitleV. PRES.NamePASCHALL, WILLIAM	
Address 221 WEST STATE ROAD 434	

DOCUMENT# L09000090819

Entity Name: ESCROW FUND LLC

Current Principal Place of Business:

221 WEST STATE ROAD 434 LONGWOOD, FL 32750

Current Mailing Address:

PO BOX 520385 LONGWOOD, FL 32752

FEI Number: 27-0933258

Name and Address of Current Registered Agent:

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: DEBBIE PASCHALL

City-State-Zip: LONGWOOD FL 32750

MGRM

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 28, 2016 Secretary of State CC3451531915

Certificate of Status Desired: No

Date

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT