

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**Certificate of Status Desired:** No

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

GRESHAM, DEBBIE  
221 WEST STATE ROAD 434  
LONGWOOD, FL 32750 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  
Name GRESHAM, DEBBIE  
Address 221 WEST STATE ROAD  
City-State-Zip: LONGWOOD FL 32750

Title MGR  
Name CHAMBLISS, STANLEY  
Address 221 WEST STATE ROAD 434  
City-State-Zip: LONGWOOD FL 32750

*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 GRESHAM

**MGR.**

**01/12/2015**

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

\_\_\_\_\_  
Date