

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000183030

**Entity Name:** LA MAISON TITLE, LLC

**Current Principal Place of Business:**

8400 4TH STREET NORTH  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

P.O. BOX 320835  
TAMPA, FL 33679 US

**FEI Number:** 47-2463818

**Certificate of Status Desired:** No

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

COMAS, ANGI  
8400 4TH STREET NORTH  
ST. PETERSBURG, FL 33702 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 COMAS, ANGI  
Address PO BOX 320835  
City-State-Zip: TAMPA FL 33679

*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:** ANGI COMAS

**MANAGER**

**04/03/2016**

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

\_\_\_\_\_  
Date