## 2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L15000061022

Entity Name: INSPIRED TITLE SERVICES, LLC

**Current Principal Place of Business:** 

485 N. KELLER RD. MAITLAND, FL 32751

**Current Mailing Address:** 

485 N. KELLER RD.

MAITLAND, FL 32751 US

FEI Number: 47-3880117 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DR. SUITE A

TALLAHASSEE, FL 32301 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Aug 01, 2022

**Secretary of State** 

9534545937CC

Authorized Person(s) Detail:

Title **AMBR** Title **MANAGER** Name TAYLOR MORRISON SERVICES, INC. Name KELLEY, TAWN

Address 4900 NORTH SCOTTSDALE ROAD Address 495 NORTH KELLER ROAD

**SUITE 2000** SUITE 550

SCOTTSDALE AZ 85251 City-State-Zip: MAITLAND FL 32751

Title **MANAGER** Title **MANAGER** 

Name MOSCONY, BUD Name SILKEY, BRANDON

Address 495 NORTH KELLER ROAD Address 495 NORTH KELLER ROAD

SUITE 550 SUITE 550

MAITLAND FL 32751 MAITLAND FL 32751 City-State-Zip: City-State-Zip:

Title **MANAGER** Title **MANAGER** 

MERRILL, S. TODD PREVITY, MICHAEL Name Name

3030 N. ROCKY POINT DR. Address 495 NORTH KELLER ROAD Address

> SUITE 550 SUITE 710

MAITLAND FL 32751 TAMPA FL 33607 City-State-Zip: City-State-Zip:

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: CAROLINE G. ESTRADA

**AUTHORIZED PERSON** 

08/01/2022