

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000003400

**Entity Name:** RESORT ESCROW SERVICES, LLC

**Current Principal Place of Business:**

25 TOWN CENTER BOULEVARD, SUITE C  
CLERMONT, FL 34714

**Current Mailing Address:**

P.O BOX 120069  
CLERMONT, FL 34712 US

**FEI Number:** 81-1596114

**Certificate of Status Desired:** No

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

PAYNE, ROSS E  
25 TOWN CENTER BOULEVARD, SUITE C  
CLERMONT, FL 34714 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 PAYNE, ROSS E  
Address 25 TOWN CENTER BOULEVARD,  
SUITE C  
City-State-Zip: CLERMONT FL 34714

*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:** ROSS E. PAYNE

**MANAGER**

**02/27/2018**

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

\_\_\_\_\_  
Date