# 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: ESTHER LEAVITT-AZULAY

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L18000025718

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: FLORIDA TITLE CENTER LLC

### **Current Principal Place of Business:**

3325 SOUTH UNIVERSITY DRIVE SUITE 201 DAVIE, FL 33328

#### **Current Mailing Address:**

3325 S UNIVERSITY DR 201 DAVIE, FL 33328 US

### FEI Number: 82-4300311

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

LEAVITT-AZULAY, ESTHER 3325 S UNIVERSITY DR #201 DAVIE, FL 33328 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

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	LEAVITT-AZULAY, ESTHER	Name	AZULAY, GIL
Address	3325 S UNIVERSITY DR 201	Address	3325 S UNIVERSITY DR 201
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328

FILED Feb 16, 2021 Secretary of State 5202283576CC

Certificate of Status Desired: No

02/16/2021

Date

MGR

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