

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000030284

**Entity Name:** ALLIGATOR TITLE AND ESCROW, LLC

**Current Principal Place of Business:**

1825 PONCE DE LEON  
632  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1825 PONCE DE LEON  
632  
CORAL GABLES, FL 33134 UN

**FEI Number:** 85-0525019

**Certificate of Status Desired:** No

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

YORMACK, ADAM  
1202 GRANADA BLVD  
CORAL GABLES, FL 33134 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 YORMACK, ADAM J  
Address 1202 GRANADA BLVD  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name YORMACK, CHRISTINE  
Address 1202 GRANADA BLVD  
City-State-Zip: CORAL GABLES FL 33134

*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:** ADAM J YORMACK

MGR

01/21/2021

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

\_\_\_\_\_ Date