

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000201331

**Entity Name:** ROSEMONT TITLE INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

121 WEBB DRIVE  
SUITE 206  
DAVENPORT, FL 33837

**Current Mailing Address:**

121 WEBB DRIVE  
SUITE 206  
DAVENPORT, FL 33837 US

**FEI Number:** 85-3705316

**Certificate of Status Desired:** Yes

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

RODRIGUEZ, AGUSTIN J  
160 MALLARD RD  
LAKE ALFRED, FL 33850 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	MANAGER	Title	MANAGER
Name	SERRANO, CASSANDRA	Name	RODRIGUEZ, AGUSTIN J.
Address	160 MALLARD RD	Address	160 MALLARD RD
City-State-Zip:	LAKE ALFRED FL 33850	City-State-Zip:	LAKE ALFRED FL 33850

*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:** CASSANDRA SERRANO

MANAGER

01/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date