

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000004307



1. Entity Name
PALM COAST TITLE COMPANY, L.L.C.

Principal Place of Business
2875 N.E. 191ST STREET, SUITE 500
AVENTURA, FL 33180

Mailing Address
2875 N.E. 191ST STREET, SUITE 500
AVENTURA, FL 33180



04032006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1007257

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

RASCO, EDUARDO I
2875 N.E. 191ST STREET, SUITE 500
AVENTURA, FL 33180

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

11000005099910
04/28/06-80054-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	2 GL, INC.
STREET ADDRESS	2875 N.E. 191ST STREET, SUITE 500
CITY-ST-ZIP	AVENTURA, FL 33180

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

EDUARDO I. RASCO

4-12-06

305-937-02

Date

Daytime Phone #