2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000027823

1. Entity Name
THE CLOSING AGENT-OTB, LLC

Principal Place of Business	Mailing Address
11 N. SUMMERLIN AVENUE, #100 ORLANDO, FL 32801	11 N. SUMMERLIN AVENUE, #100 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

01092006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number
20-0193933

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, BARRY L
11 N. SUMMERLIN AVENUE, #100
ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

6. 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

U00000399155
01/31/06--80028-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MILLER, BARRY L
STREET ADDRESS	11 N. SUMMERLIN AVENUE, #100
CITY-ST-ZIP	ORLANDO, FL 32801

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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   Date   Daytime Phone #