

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

FILED  
Apr 27, 2006 08:00 AM  
Secretary of State

DOCUMENT # L04000055321

1. Entity Name  
KROWN TITLE, LLC



Principal Place of Business  
FOUR SEASONS OFFICE TOWER  
1441 BRICKELL AVE., SUITE 1430  
MIAMI, FL 33131 US

Mailing Address  
FOUR SEASONS OFFICE TOWER  
1441 BRICKELL AVE., SUITE 1430  
MIAMI, FL 33131 US



03312006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
20-1425033

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KRONGOLD & SINGER, P.L.  
FOUR SEASONS OFFICE TOWER  
1441 BRICKELL AVE., SUITE 1430  
MIAMI, FL 33131

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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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KRONGOLD, M. RONALD  
1441 BRICKELL AVE., SUITE 1430  
MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000537751  
05/09/06-80032-008 50.00

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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

3/31/06 (305) 416-4545

Date

Daytime Phone #