## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045530

Entity Name: AFICO TITLE & ESCROW SERVICES, LLC

**FILED** Aug 14, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

299 ALHAMBRA CIRCLE, SUITE 403 419 WEST 49TH STREET CORAL GABLES, FL 33134

210

HIALEAH, FL 33012

**Current Mailing Address: New Mailing Address:** 

299 ALHAMBRA CIRCLE, SUITE 403 419 WEST 49TH STREET SUITE210

SUITE 210 CORAL GABLES, FL 33134

HIALEAH, FL 33012

ADDITIONS/CHANGES:

FEI Number: 01-0847466 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

RODRIGUEZ, JORGE E SOSTCHIN, DAVID M 299 ALHAMBRA CIRCLE, SUITE 403 419 WEST 49TH STREET 210 CORAL GABLES, FL 33134 HIALEAH, FL 33012 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: DAVID M. SOSTCHIN, ESQ 08/14/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: (X) Change ( ) Addition () Delete

RODRIGUEZ, JORGE E SOSTCHIN, DAVID M Name: Name:

Address: 299 ALHAMBRA CIRCLE, SUITE 403 Address: 419 WEST 49TH STREETSUITE 210

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: HIALEAH, FL 33012

(X) Change ( ) Addition Title: MGR ( ) Delete Title: MENENDEZ, ANTONIO SR. Name: Name: MENENDEZ, ANTONIO SR. Address: 299 ALHAMBRA CIRCLE, SUITE 403 Address: 419 WEST 49TH STREET SUITE 210

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DAVID M. SOSTCHIN, ESQ. 08/14/2007