

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061085

FILED
Apr 04, 2008
Secretary of State

Entity Name: FLORIDA ELITE TITLE & ESCROW LLC

Current Principal Place of Business:

8053 NW 155TH ST.
MIAMI LAKES, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

8053 NW 155TH ST.
MIAMI LAKES, FL 33016 US

New Mailing Address:

FEI Number: 20-3198316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABRERA, MICHELLE
8053 NW 155TH ST.
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: CARBONELL, JULIO
Address: 4801 S. UNIVERSITY DR. # 127
City-St-Zip: DAVIE, FL 33328 US

Title: MGR (X) Delete
Name: PAN, CARLOS
Address: 4801 S. UNIVERSITY DR. # 127
City-St-Zip: DAVIE, FL 33328 US

Title: MGR () Delete
Name: CABRERA, MICHELLE
Address: 4801 S. UNIVERSITY DR. # 127
City-St-Zip: DAVIE, FL 33328 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: CABRERA, MICHELLE
Address: 8053 NW 155TH ST.
City-St-Zip: MIAMI LAKES, FL 33016 US

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: MICHELLE CABRERA

MGR

04/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date