2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT



FILED Jan 13, 2006 8:00 am Secretary of State

1. Entity Name FLESANTEX TITLE INSURANCE COMPANY, LLC								01-13-2006	90035 050) ****50.	00
Principal Place of Business 782 NW LEJEUNE ROAD, SUITE 530 MIAMI, FL 33126			782 NW	Mailing Address 782 NW LEJEUNE ROAD, SUITE 530 MIAMI, FL 33126							
2. Principal Place of Business			3. Mailing	3. Mailing Address							
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.				Chg-LLC	CR2E08	3 (11/05)	
City & State			City & S	City & State			4. FEI Numb	er		<u> </u>	plied For t Applicable
Zip	Country		Zip	Zip Cou		try	5. Certificate of Status Desire			S5.00 Additional Fee Required	
	6. Name and	t Registered A	Registered Agent			7. Name and	Address of New I	Registered A	gent		
	ROBERTO F EJEUNE ROA 33126					(P.O. Box Numb	er is Not Acceptab	le)			
	•					City	 		FL	Zip Code	•
	named entity su	bmits this statement	for the purpose	of changing its r	egistere	ed office or register	red agent, or bo	oth, in the State of F		miliar with.	and accept
SIGNATURE .	ions or registered	agent.									
	Signature, typed or pri	nted name of registered age	nt and title if applicable	le. (NOTE:	Registered	d Agent signature required	d when reinstating)		DATE		
Fi D:	ling Fee is \$ ue by May 1					Make check payable to Florida Department of State					
9.	• •	MANAGING MEM	BERS/MANAGE		10.			ADDITIONS	/CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete FLEITAS, ROBERTO F 782 NW LEJEUNE ROAD, SUITE 530 MIAMI, FL 33126					E Et address -st-zip				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	☐ Addition
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indicated limited lia	on this report is bility company o	ormation supplied w true and accurate ar r the receiver or trus	nd that my signa tee empowered	ature shall have the track this re	ne exe ne same eport as	e legal effect as if r required by Chap	made under oat oter 608, Florida	, Florida Statutes, I h; that I am a mana Statutes.	aging member	r or manage	r of the