

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114753

FILED
Mar 21, 2009
Secretary of State

Entity Name: PROVEST TITLE & ESCROW, LLC

Current Principal Place of Business:

951 BROKEN SOUND PARKWAY NW, SUITE 135
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

951 BROKEN SOUND PARKWAY NW, SUITE 135
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 55-0910123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHN, RICHARD P ESQ.
951 BROKEN SOUND PARKWAY NW, STE. 135
BOCA RATON, FL 33487 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: MGRM () Delete
Name: HZL HOLDINGS, LLC,
Address: 951 BROKEN SOUND PARKWAY NW, STE. 135
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM () Delete
Name: SAM MAMISH, CORP.,
Address: 951 BROKEN SOUND PARKWAY NW, STE. 135
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: COHN, RICHARD P
Address: 951 BROKEN SOUND PARKWAY NW, STE. 135
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: MAMISH, SAM
Address: 951 BROKEN SOUND PARKWAY NW, STE. 135
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

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

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

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

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

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: RICHARD P. COHN

MGR

03/21/2009

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