

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000103194

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** AGE TITLE ASSURANCE "LLC"

**Current Principal Place of Business:**

9999 N.E 2 AVENUE  
314  
MIAMI, FL, 33139

**New Principal Place of Business:**

14731 WEST DIXIE HIGHWAY  
MIAMI,, FL 33180

**Current Mailing Address:**

9999 N.E 2 AVENUE  
314  
MIAMI, FL, 33139

**New Mailing Address:**

14731 WEST DIXIE HIGHWAY  
MIAMI,, FL 33180

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

AGENORD, SAINTANISE  
261 N.W 100 ST  
314  
MIAMI, FL 33150 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: OWNE  
Name: AGENORD, SAINTANISE  
Address: 261 N.W 100 ST  
City-St-Zip: MIAMI, FL 33150

I hereby 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: SAINTANISE AGENORD

OWNE

04/30/2012

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