

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000115738

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** VIOLETTE TITLE & ESCROW, LLC

**Current Principal Place of Business:**

4400 HIGHWAY 20 EAST  
SUITE 304  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 5129  
NICEVILLE, FL 32578

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARK A. VIOLETTE, P.A.  
4405 COMMONS DRIVE EAST  
SUITE 102  
DESTIN, FL 32541 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  
Name: VIOLETTE, MARK  
Address: 1079 NAPA WAY  
City-St-Zip: NICEVILLE, FL 32578 US

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: MARK VIOLETTE

MGR

04/29/2012

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