

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000053933

**Entity Name:** FLORIDA TITLES MITH, LLC

**Current Principal Place of Business:**

8240 EXCHANGE DRIVE  
SUITE C5  
ORLANDO, FL 32809

**Current Mailing Address:**

8240 EXCHANGE DRIVE  
SUITE C5  
ORLANDO, FL 32809

**FEI Number:** 20-4960438

**Certificate of Status Desired:** No

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

SACHS, JOSHUA M  
8240 EXCHANGE DRIVE  
SUITE C5  
ORLANDO, FL 32809 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name SACHS, JOSHUA M  
Address 8240 EXCHANGE DRIVE, SUITE C5  
City-State-Zip: ORLANDO FL 32809

Title MGRM  
Name HENDERSON, JOHN T  
Address 8240 EXCHANGE DRIVE, SUITE C5  
City-State-Zip: ORLANDO FL 32809

Title MGRM  
Name HENDERSON, DANIEL S  
Address 8240 EXCHANGE DRIVE, SUITE C5  
City-State-Zip: ORLANDO FL 32809

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN T HENDERSON

MGRM

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date