

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000018293

**Entity Name:** SHORE TO SHORE TITLE, LLC**Current Principal Place of Business:**6111 BROKEN SOUND PARKWAY, NW  
SUITE 350  
BOCA RATON, FL 33487**Current Mailing Address:**6111 BROKEN SOUND PARKWAY, NW  
SUITE 350  
BOCA RATON, FL 33487 US**FEI Number:** 46-0561672**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GREENFIELD, STEVEN B  
6111 BROKEN SOUND PKWY  
STE 350  
BOCA RATON, FL 33487 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:** STEVEN C RUBINO

02/26/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                            |
|-----------------|--------------------------------------------|
| Title           | PTR                                        |
| Name            | GREENFIELD, STEVEN B                       |
| Address         | 6111 BROKEN SOUND PARKWAY, NW<br>SUITE 350 |
| City-State-Zip: | BOCA RATON FL 33487                        |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | PTR                              |
| Name            | CONNORS, MARISSA G               |
| Address         | 3575 PIEDMONT RD NE<br>SUITE 500 |
| City-State-Zip: | ATLANTA GA 30305                 |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | PTR                              |
| Name            | ALDRIDGE, JOHN G                 |
| Address         | 3575 PIEDMONT RD NE<br>SUITE 500 |
| City-State-Zip: | ATLANTA GA 30305                 |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | CFO                              |
| Name            | GARRITY, JEFF                    |
| Address         | 3575 PIEDMONT RD NE<br>SUITE 500 |
| City-State-Zip: | ATLANTA GA 30305                 |

*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:** MARISSA G. CONNORS

PARTNER

02/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date