

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000130062

Entity Name: ESCROW RECONCILIATION SPECIALISTS LLC

Current Principal Place of Business:

3941 SW 47 AVENUE
DAVIE, FL 33314

Current Mailing Address:

PO BOX 292037
DAVIE, FL 33329

FEI Number: 46-1172260

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORMAN, M. AUSTIN
888 SE 3 AVENUE
501
FORT LAUDERDALE, FL 33316 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 GRAY, HELEN M
Address 2425 ANDROS LANE
City-State-Zip: FORT LAUDERDALE FL 33312

Title MGR
Name FORMAN, M. AUSTIN
Address 888 SE 3 AVENUE SUITE 501
City-State-Zip: FORT LAUDERDALE FL 33316

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: M. AUSTIN FORMAN

MANAGER

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date