

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000064118

**Entity Name:** ABSOLUTE TITLE AGENCY LLC

**Current Principal Place of Business:**

2069 S. OCEAN DR.  
TH18  
HALLANDALE, FL 33009

**Current Mailing Address:**

1733 SHEEPSHEAD BAY RD  
38  
BROOKLYN, NY 11235 US

**FEI Number:** 90-0974059

**Certificate of Status Desired:** No

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

MARKOV, ARTUR  
2069 S. OCEAN DR.  
TH18  
HALLANDALE, FL 33009 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 MARKOV, ARTUR  
Address 1733 SHEEPSHEAD BAY RD  
38  
City-State-Zip: BROOKLYN NY 11235

*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:** ARTUR MARKOV

GEN.PARTNER

02/28/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date