

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000075367

**Entity Name:** CENTER STATE CLOSING GROUP, LLC

**Current Principal Place of Business:**

4596 LAKE HOLDEN HILLS DR.  
ORLANDO, FL 32839

**Current Mailing Address:**

4596 LAKE HOLDEN HILLS DR.  
ORLANDO, FL 32939 US

**FEI Number:** 46-1043134

**Certificate of Status Desired:** No

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

WILLIAMS, RACHEL L  
4596 LAKE HOLDEN HILLS DR.  
ORLANDO, FL 32839 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 WILLIAMS, RACHEL L  
Address 4596 LAKE HOLDEN HILLS DR.  
City-State-Zip: ORLANDO FL 32839

*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:** RACHEL WILLIAMS

**MANAGER**

**02/07/2018**

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

\_\_\_\_\_  
Date