

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000148986

**Entity Name:** LAW OFFICE ADVISORS, PLLC

**Current Principal Place of Business:**

1222 SE 47TH STREET  
SUITE 212  
CAPE CORAL, FL 33904

**Current Mailing Address:**

2200 WILSON BOULEVARD  
SUITE 102-50  
ARLINGTON, FL 22201

**FEI Number:** 80-0921767

**Certificate of Status Desired:** No

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

ADVANCED TITLE AND SETTLEMENTS, LLC  
1222 SE 47TH STREET  
SUITE 212  
CAPE CORAL, FL 33904 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 LEWIS, TODD  
Address 2200 WILSON BLVD, SUITE 102-50  
City-State-Zip: ARLINGTON VA 22201

*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:** TODD LEWIS

**MANAGER**

**02/10/2014**

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

\_\_\_\_\_  
Date