

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000056801

**Entity Name:** TITLE TOWN,A LAW FIRM, LLC

**Current Principal Place of Business:**

6705 RED ROAD STE 306  
CORAL GABLES, FL 33143

**Current Mailing Address:**

6705 RED ROAD STE 306  
CORAL GABLES, FL 33143

**FEI Number:** 47-3581333

**Certificate of Status Desired:** No

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

KAMILAR, MARK A  
2921 SW 27TH AVE  
210  
MIAMI, FL 33133 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 MGR  
Name STREMS, SCOT  
Address 2555 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134

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:** SCOT STREMS

**MANAGER**

**04/28/2016**

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

\_\_\_\_\_  
Date