

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000106787

**Entity Name:** GREYCROFT TITLE COMPANY, LLC

**Current Principal Place of Business:**

111 NATURE WALK PARKWAY  
SUITE 107  
AT. AUGUSTINE, FL 32092

**Current Mailing Address:**

111 NATURE WALK PARKWAY  
SUITE 107  
AT. AUGUSTINE, FL 32092 US

**FEI Number:** 82-1549905

**Certificate of Status Desired:** No

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

DEAN, AMANDA V  
111 NATURE WALK PARKWAY  
SUITE 107  
ST. AUGUSTINE, FL 32092 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 DEAN, AMANDA V  
Address 111 NATURE WALK PARKWAY, SUITE 107  
City-State-Zip: ST. AUGUSTINE FL 32092

Title MGR  
Name DEAN, CHAD A  
Address 111 NATURE WALK PARKWAY, SUITE 107  
City-State-Zip: ST. AUGUSTINE FL 32092

Title MGR  
Name VICK, STEPHEN B  
Address 111 NATURE WALK PARKWAY, SUITE 107  
City-State-Zip: ST. AUGUSTINE FL 32092

*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:** AMANDA V. DEAN

**MGR**

**04/30/2018**

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

\_\_\_\_\_  
Date