

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000138556

Entity Name: TOTTEN FRANQUI DAVIS & BURK, LLC**Current Principal Place of Business:**1451 W. CYPRESS CREEK RD,
SUITE 211
FORT LAUDERDALE, FL 33309**Current Mailing Address:**1451 W. CYPRESS CREEK RD,
SUITE 211
FORT LAUDERDALE, FL 33309 US**FEI Number:** 35-2599459**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRANQUI TOTTEN, LLP
1451 W CYPRESS CREEK ROAD
SUITE 300
FT. LAUDERDALE, FL 33309 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 TOTTEN, PAUL G
Address 1071 NE 204TH TERRACE
City-State-Zip: MIAMI FL 33179Title MG/A
Name TOTTEN, PAUL G ESQ.
Address 19935 NE 10TH PLACE WAY
City-State-Zip: MIAMI FL 33179Title AMBR
Name FRANQUI, ANTHONY G ESQ.
Address 1071 NE 204TH TERRACE
City-State-Zip: MIAMI FL 33179Title AMBR
Name FRANQUI, ERICA L ESQ.
Address 1071 NE 204TH TERRACE
City-State-Zip: MIAMI FL 33179Title AMBR
Name DAVIS, GARRY T JR. ESQ
Address 486 BANTRY STREET
City-State-Zip: POWELL OH 43065Title AMBR
Name BURK, CHRISTOPHER D ESQ.
Address 2030 ALEXA BREANNE CT.
City-State-Zip: LAS VEGAS NV 89117

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: ERICA FRANQUI

AMBR

04/20/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date