

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000144909

Entity Name: CASUSO TITLE SERVICES, LLC**Current Principal Place of Business:**1550 MADRUGA AVENUE
SUITE #309
CORAL GABLES, FL 33146**Current Mailing Address:**8251 SW 52 AVE
MIAMI, FL 33143 US**FEI Number:** 83-0890324**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASUSO, CARLOS E ESQ.
8251 SCHOOL HOUSE ROAD
MIAMI, FL 33143 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:** CARLOS E. CASUSO, ESQ.

02/01/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|------------------------|-----------------|----------------------------|
| Title | MANAGER | Title | AUTHORIZED MEMBER |
| Name | CASUSO, CARLOS E. | Name | CASUSO, CORY A. |
| Address | 8251 SCHOOL HOUSE ROAD | Address | 8215 SW 72 AVE APT. 418 |
| City-State-Zip: | MIAMI FL 33143 | City-State-Zip: | MIAMI FL 33143 |
| Title | AUTHORIZED MEMBER | | |
| Name | CASUSO, RYAN M. | | |
| Address | 8251 SW 52 AVE | | |
| City-State-Zip: | MIAMI FL 33143 | | |

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: CORY ALLAN CASUSO

AUTHORIZED MEMBER

02/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date