

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000225036

**Entity Name:** THE TITLE TEAM, LLC

**Current Principal Place of Business:**

1250 SOUTH PINE ISLAND ROAD  
375  
PLANTATION, FL 33324

**Current Mailing Address:**

1250 SOUTH PINE ISLAND RD., SUITE 375  
PLANTATION, FL 33324 US

**FEI Number:** 32-0579984

**Certificate of Status Desired:** No

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

COHEN, DANNY  
1250 S. PINE ISLAND RD., STE. 375  
PLANTATION, FL 33324 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                          | Title           | MGR                         |
| Name            | COHEN, DANNY                 | Name            | ZEOLI, MICHAEL              |
| Address         | 1250 SOUTH PINE ISLAND RD.   | Address         | 1250 SOUTH PINE ISLAND ROAD |
| City-State-Zip: | PLANTATION, FLORIDA FL 33324 | City-State-Zip: | PLANTATION FL 33324         |

*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:** DANNY COHEN

**MEMBER**

**01/28/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date