

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002785

Entity Name: TRANS-STATE TITLE INSURANCE AGENCY, L.L.C.

Current Principal Place of Business:

18205 BISCAYNE BOULEVARD
2201
AVENTURA, FL 33160

Current Mailing Address:

18205 BISCAYNE BOULEVARD
2201
AVENTURA, FL 33160

FEI Number: 65-0920100

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BODZIN, GARY A
18205 BISCAYNE BOULEVARD
2201
AVENTURA, FL 33160 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 BODZIN, GARY A
Address 18205 BISCAYNE BOULEVARD, #2201
City-State-Zip: AVENTURA FL 33160

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: GARY A, BODZIN

MGRM

04/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date