

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000003498

**Entity Name:** LIBERTY CLOSING & ESCROW, LLC

**Current Principal Place of Business:**

275 WEST NATICK RD.  
WARWICK, RI 02886

**Current Mailing Address:**

C/O APRIL JOHNSON  
601 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204 US

**FEI Number:** 57-1178073

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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            PRESIDENT  
Name            MARINOSCI, GARY  
Address        275 WEST NATICK ROAD  
City-State-Zip: WARWICK RI 02886

Title            EVP/CFO  
Name            PARK, ANTHONY J  
Address        601 RIVERSIDE AVE  
City-State-Zip: JACKSONVILLE FL 32204

Title            EVP/GC/S  
Name            GRAVELLE, MICHAEL L  
Address        1701 VILLAGE CENTER CIRCLE  
                  2ND FLOOR  
City-State-Zip: LAS VEGAS NV 89134

Title            MANAGER  
Name            FNTS HOLDINGS, LLC  
Address        601 RIVERSIDE AVE.  
City-State-Zip: JACKSONVILLE FL 32204

*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: MICHAEL L GRAVELLE**

**SECRETARY**

**04/15/2019**

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

\_\_\_\_\_  
Date