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.

E:	
	Electronic Signature of Registered Agent
l Pe	erson(s) Detail :

Authorized Person(s) Detail .					
MGR	Title	MGR			
LYSAGHT, KIEREN	Name	CALIA, CHRIS			
SUITE 206	Address	4260 HUNTING TRAIL			
	City-State-Zip:	LAKE WORTH FL 33467			
LAKE WORTH FL 33467					
	MGR LYSAGHT, KIEREN 8401 LAKE WORTH RD	MGR Title LYSAGHT, KIEREN Name 8401 LAKE WORTH RD Address SUITE 206 City-State-Zip:			

SUITE 206

## **Current Mailing Address:**

# FEI Number: 84-5015520

# Name and Address of Current Registered Agent:

CALIA, CHRIS 4260 HUNTING TRAIL LAKE WORTH, FL 33467 US

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

### DOCUMENT# L20000035861

Entity Name: SUPERIOR TITLE AND ABSTRACT SERVICES, LLC

## **Current Principal Place of Business:**

8401 LAKE WORTH RD LAKE WORTH, FL 33467

4260 HUNTING TRAIL LAKE WORTH, FL 33467 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

Т

### Authorized

SIGNATURE: CHRIS CALIA MGR Electronic Signature of Signing Authorized Person(s) Detail

FILED May 10, 2021 Secretary of State 1724681178CC

Date

Certificate of Status Desired: No

05/10/2021 Date