



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90027 017 ****50.00

DOCUMENT # L05000025220							
1. Entity Name AMERICO TITLE COMPANY LLC							
Principal Place of Business 595 BAY ISLES ROAD, STE. 120 LONGBOAT KEY, FL 34228			Mailing Address 595 BAY ISLES ROAD, STE. 120 LONGBOAT KEY, FL 34228				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 20-2625497			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SOSSO, SCOTT 130 N. TAMIAMI TRAIL, SUITE C SARASOTA, FL 34236			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOSSO ENTERPRISES, L.L.C.		NAME				
STREET ADDRESS	130 N. TAMIAMI TRAIL, SUITE C		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIETRAGALLO, BOSICK AND GORDON LLP		NAME	PIETRAGALLO, BOSICK AND GORDON LLP			
STREET ADDRESS	ONE OXFORD CENTRE, 38TH FL		STREET ADDRESS	ONE OXFORD CENTRE, 38TH FL			
CITY-ST-ZIP	PITTSBURGH, PA 15219		CITY-ST-ZIP	PITTSBURGH, PA 15219			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.							
Americo Title Company LLC							
SIGNATURE: By: 		W. Ben Stewart, Auth. Rep. for MGRM		April 17, 2006 (941) 552-5222			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #			

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