


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90118 031 ***138.75

DOCUMENT # L05000025220

1. Entity Name
AMERICO TITLE COMPANY LLC



Principal Place of Business Mailing Address

595 BAY ISLES ROAD, STE. 120 595 BAY ISLES ROAD, STE. 120
 LONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 34228

50003770

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

130 N. Tamiami Trail **130 N. Tamiami Tr**

Suite, Apt. #, etc. Suite, Apt. #, etc.



03122008 Chg-LLC CR2E083 (12/06)

City & State City & State

Sarasota FL **Sarasota FL**

Zip Country Zip Country

34236 **USA** **34236** **USA**

4. FEI Number Applied For

20-2625497 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SOSSO, SCOTT
130 N. TAMIAMI TRAIL
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIETRAGALLO, BOSTICK, & GORDON LLP	NAME	
STREET ADDRESS	ONE OXFORD CENTRE, 38TH FLR	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH, PA 15219	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	
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.

SIGNATURE:  **4-16-08** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #