

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000101051

**Entity Name:** AMERICAN PRIME TITLE SERVICES, LLC

**Current Principal Place of Business:**

5775 BLUE LAGOON DRIVE  
SUITE 350  
MIAMI, FL 33126

**Current Mailing Address:**

5775 BLUE LAGOON DRIVE  
SUITE 350  
MIAMI, FL 33126

**FEI Number:** 46-1424851

**Certificate of Status Desired:** No

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

GALIANA, MARGARITA  
5775 BLUE LAGOON DRIVE  
SUITE 350  
MIAMI, FL 33126 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 AUTHORIZED MEMBER  
Name LOMAR GROUP, LLC  
Address 5775 BLUE LAGOON DRIVE  
SUITE 350  
City-State-Zip: MIAMI FL 33126

Title MANAGER  
Name TORRES, ODALYS  
Address 5775 BLUE LAGOON DRIVE  
SUITE 350  
City-State-Zip: MIAMI FL 33126

*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:** ODALYS TORRES

MANAGER

03/23/2017

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

\_\_\_\_\_  
Date