

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90200 021 \*\*\*\*50.00

**DOCUMENT # L03000009631**



1. Entity Name  
**OMNIMARK TITLE SERVICES, LLC**

Principal Place of Business  
**1210 DEL PRADO BLVD  
CAPE CORAL, FL 33990**

Mailing Address  
**8695 COLLEGE PKWY STE 260  
FORT MYERS, FL 33919**

00010100



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

3. Mailing Address  
**14440 Metropolis Ave  
Ste 103**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**42-1586653**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**33912**

**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PINNACLE TITLE COMPANY, INC.  
8695 COLLEGE PKWY STE260  
FORT MYERS, FL 33919**

Name

Street Address (P.O. Box Number is Not Acceptable)

**14440 Metropolis Ave  
Ste 103**

City

**FL**

Zip Code

**33912**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PINNACLE TITLE COMPANY, INC.  
8695 COLLEGE PKWY STE 260  
FORT MYERS, FL 33919** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**14440 Metropolis Ave Ste 103  
Fort Myers, FL 33912**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:**

*Deborah Snow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/2/07**

Date

**239-277-5677**

Daytime Phone #