

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000066085**

1. Entity Name  
**OMNI ONE TITLE SERVICES, LLC**



Principal Place of Business  
**4707 S.E. 9TH PLACE  
CAPE CORAL, FL 33904**

Mailing Address  
**4707 S.E. 9TH PLACE  
CAPE CORAL, FL 33904**



01092007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3130815**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SHIPP, THOMAS E JR.  
4707 S.E. 9TH PLACE  
CAPE CORAL, FL 33904**

**DO NOT WRITE  
IN THIS SPACE**

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 reissuing)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SHIPP, THOMAS E JR.  
4707 S.E. 9TH PLACE  
CAPE CORAL, FL 33904**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MILOFF, JEFF  
4707 S.E. 9TH PLACE  
CAPE CORAL, FL 33904**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
AUBUCHON, GARY E  
4707 S.E. 9TH PLACE  
CAPE CORAL, FL 33904**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
JOSWICK, MARIE A  
4707 S.E. 9TH PLACE  
CAPE CORAL, FL 33904**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000610090  
02/02/07-80009-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

**THOMAS E. SHIPP, JR**

**1/26/2007**

Date

**(239) 549-3087**

Daytime Phone #