

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000000065

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** OMEGA FINANCIAL SERVICES & INSURANCE, LLC

**Current Principal Place of Business:**

18 CYPRESS DR  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

**Current Mailing Address:**

18 CYPRESS DR  
PALM HARBOR, FL 34684 US

**New Mailing Address:**

FEI Number: 26-1658800

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLACKWELL, JAMES E  
18 CYPRESS DR  
PALM HARBOR, FL 34684 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BLACKWELL, JAMES E  
Address: 18 CYPRESS DR  
City-St-Zip: PALM HARBOR, FL 34684 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JAMES E BLACKWELL

MGR

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date