2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2011
Secretary of State

DOCUMENT# L10000028164

Entity Name: FLORIDA TITLE INSURANCE AGENCY PARTNERS, LLC

Current Principal Place of Business:

14001 N. DALE MABRY
SUITE B
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

14001 N. DALE MABRY
SUITE B
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 27-2122894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, BYRON G JR.
14001 N. DALE MABRY
SUITE A
TAMPA, FL 33618 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: WILSON, BYRON G JR.
Address: 14001 N. DALE MABRY, STE. A
City-St-Zip: TAMPA, FL 33618 US

Title: MGRM
Name: ALPHA-OMEGA TITLE SERVICES, INC.
Address: 14001 N. DALE MABRY, STE. A
City-St-Zip: TAMPA, FL 33618 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 Statues.

SIGNATURE: BYRON GIBBS WILSON, JR. PRES 04/03/2011

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