

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000028164

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**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 Statutes.

SIGNATURE: BYRON GIBBS WILSON, JR.

MGR

02/07/2012

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