#### I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TREVOR HARRELSON

Electronic Signature of Signing Authorized Person(s) Detail

#### submits this statement for the

SIGNATURE:

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	ST	Title	PRES
Name	HARRELSON, TREVOR W	Name	WOLSTENHOLME, ALBERT
Address	9320 VITTORIA COURT	Address	8323 SHORECREST DRIVE
City-State-Zip:	FORT MYERS FL 33912	City-State-Zip:	FORT MYERS FL 33912

he above named e	ntity submits this	statement for the	purpose of c	changing its	registered	office or re	egistered a	agent, o	or bot

# FORT MYERS. FL 33907

### Name and Address of Current Registered Agent:

GREEN, BRUCE D 1520 ROYAL PALM SQUARE BOULEVARD, STE 320 FT MYERS, FL 33919 US

of changing its registered office The above named entity ~:~+ ٩ both, in the State of Florida.

## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L05000007514

#### Entity Name: OMNI REAL ESTATE INVESTMENT SERVICES, LLC

#### **Current Principal Place of Business:**

12610 NEW BRITTANY BOULEVARD FORT MYERS. FL 33907

#### **Current Mailing Address:**

12610 NEW BRITTANY BOULEVARD

#### FEI Number: 20-2233861

PRESIDENT

03/08/2013

Date

#### FILED Mar 08, 2013 Secretary of State CC7389095721

Certificate of Status Desired: No

Date