

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122698

Entity Name: OMT INSURANCE BROKERS LLC

Current Principal Place of Business:

16201 SW 95 AVE
SUITE 105
MIAMI, FL 33157

Current Mailing Address:

16201 SW 95 AVE
SUITE 105
MIAMI, FL 33157 US

FEI Number: 05-0630265

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAYLOR, OWEN M
7715 SW 193 LANE
MIAMI, FL 33157 US

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

Authorized Person(s) Detail :

Title MGR
Name TAYLOR, OWEN M
Address 7715 SW 193 LANE
City-State-Zip: MIAMI FL 33157

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: OWEN TAYLOR

OWNER

03/07/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date