**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 17, 2014**
**Secretary of State**
**CC3190587356**

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: OWEN TAYLOR MANAGER 03/17/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date