

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000081528

**Entity Name:** OMEGA TITLE FLORIDA LLC

**Current Principal Place of Business:**

4101 COLONIAL BOULEVARD  
FORT MYERS, FL 33966

**Current Mailing Address:**

4101 COLONIAL BOULEVARD  
FORT MYERS, FL 33966 US

**FEI Number:** 30-0766591

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEMARMELS, MARLENE  
4101 COLONIAL BOULEVARD  
FORT MYERS, FL 33966 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 DEMARMELS, MARLENE  
Address POST OFFICE BOX 2306  
City-State-Zip: FORT MYERS FL 33902

Title MGRM  
Name OMEGA TITLE LLC  
Address POST OFFICE BOX 2306  
City-State-Zip: FORT MYERS FL 33902

*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:** MARLENE DEMARMELS

**MANAGER**

**03/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date