

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005398

Entity Name: WILSON TITLE SERVICES, LLC**Current Principal Place of Business:**8505 W. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34747**Current Mailing Address:**8505 W. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34747**FEI Number:** 26-3851915**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	CEO
Name	HARRILL, DON L
Address	8505 W. IRLO BRONSON MEMORIAL HWY.
City-State-Zip:	KISSIMMEE FL 34747

Title	EVPS
Name	LOWER, BRIAN T
Address	8505 W. IRLO BRONSON MEMORIAL HWY.
City-State-Zip:	KISSIMMEE FL 34747

Title	PRESIDENT/COO
Name	NELSON, THOMAS R
Address	8505 W. IRLO BRONSON MEMORIAL HWY.
City-State-Zip:	KISSIMMEE FL 34747

Title	SRVP
Name	THOMPSON, MICHAEL J
Address	8505 W. IRLO BRONSON MEMORIAL HWY.
City-State-Zip:	KISSIMMEE FL 34747

Title	SR. VP/CFO/TREASURER
Name	DIXON, SONYA
Address	8505 W. IRLO BRONSON MEMORIAL HWY
City-State-Zip:	KISSIMMEE FL 34747

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: BRIAN T LOWER**EVP****01/09/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date