

**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

For Office Use Only

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DIVISION OF CORPORATIONS

11 JUN - 1 PM 3: 33



DOCUMENT #
1. Entity Name - **OMNI Displays LLC**
(L01000009902)

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2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, ect.

3. Mailing Address
15261 Telcom dr.
Suite, Apt. #, ect.

CR2E083B (1/11)

City & State
BROOKSVILLE FL 3

4. FEI Number
522326060

Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

Zip **34604** Country **USA** Zip **34604** Country

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7. Name and Address of Current Registered Agent

Name
CHRISTINE JARQUE

Street Address (P.O. Box Number is Not Acceptable)
15261 TELCOM DR.

City **BROOKSVILLE** FL Zip Code **34604**

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

January 1 - May 1 Fee is \$138.75
After May 1, Fee is \$538.75
Amended AR is \$50.00
Make Check Payable to Florida Department of State

E-mail Address:
greg@omnicircuits.com
To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Greg Jarque 15261 Telcom dr. BROOKSVILLE FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Christine Jarque 15261 Telcom dr.
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05/12/11--01004--011 **150.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ Date **5-20-11** Daytime Phone# **352 799-9997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

B Tadlock JUN 02 2011