

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006442

**FILED**  
**Mar 17, 2009**  
**Secretary of State**

**Entity Name:** OMT FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

960 GOTHIC MANOR WAY  
KNOXVILLE, TN 37923

**New Principal Place of Business:**

**Current Mailing Address:**

960 GOTHIC MANOR WAY  
KNOXVILLE, TN 37923

**New Mailing Address:**

**FEI Number:** 01-0648670      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** MANDEL, PAUL GARBER  
**Address:** 960 GOTHIC MANOR WAY  
**City-St-Zip:** KNOXVILLE, TN 37923

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: PAUL MANDEL

MGM

03/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date