

**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

For Office Use Only

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

11 JUN -1 PM 3:33



DOCUMENT #
1. Entity Name **OMNI Circuits International**
MO4000000461

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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

Zip
34604

Country
USA

4. FEI Number
582550019

Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
GREG JARQUE

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

City
BROOKSVILLE

State
FL

Zip Code
34604

8. 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. 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. / MGR GREG Jarque 15261 Telcom dr. Brooksville FL 34604 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Scott Hayland / MGR 15261 Telcom dr. Brooksville FL 34604 |
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10.

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05/12/11--01004--009 **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. 817.165, F.S.

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

Date **5-20-11** Daytime Phone# **352 744-9997**

5 Tedlock JUN 02 2011