

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000006616

1. Entity Name
OMNI CIRCUITS INTERNATIONAL OF FLORIDA, LLC



Principal Place of Business
**15261 TELCOM DRIVE
SPRING HILL, FL 34604**

Mailing Address
**15261 TELCOM DRIVE
SPRING HILL, FL 34604**



05042004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2550020

Applied For
Not Applicable

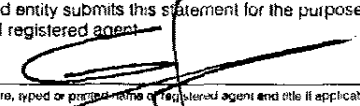
5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**JARQUE, GREG
15261 TELCOM DR.
BROOKSVILLE, FL 34604**

**DO NOT WRITE
IN THIS SPACE**

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  (NOTE: Registered Agent signature required when reinstating) DATE

**Signature Fee is \$50.00
due by September 8, 2004**

**1100000158761
05/10/04-80002-022 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JARQUE, GREG
15261 TELCOM DRIVE
SPRING HILL, FL 34604**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HAGLAND, SCOTT
20 PEACHTREE CT
HOLBROOK, NY 11741**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

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

Date

Daytime Phone #

5-4-03

382-7999927