

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90372 001 ****50.00

DOCUMENT # L03000026398

1. Entity Name
OHM GROUP, L.L.C.



Principal Place of Business
1660 GOLD OAKS ROAD
DELTONA, FL 32725

Mailing Address
1660 GOLD OAKS ROAD
DELTONA, FL 32725

20053600



DO NOT WRITE IN THIS SPACE

01202005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
56-2421968

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, AMRISH
1660 GOLD OAKS ROAD
DELTONA, FL 32725

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PATEL, MAYUR
1660 GOLD OAKS ROAD
DELTONA, FL 32725

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PATEL, AMRISH
1660 GOLD OAKS ROAD
DELTONA, FL 32725

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PATEL, URVISH
1488 E. SEMORAN BLVD.
APOPKA, FL 32703

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)(i), 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

AMRISH. PATEL

04-29-05 (407) 886-7644

Date

Daytime Phone #