#### 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032413

Entity Name: OM, LLC

# **Current Principal Place of Business:**

1632 EAST 7TH AVE YBOR CITY TAMPA, FL 33605

# **Current Mailing Address:**

P O BOX 13288 TAMPA, FL 33681

# FEI Number: 13-4226812

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

CHAND, KALIA A 4520 WEST OAKELLAR AVE NO 13288 TAMPA, FL 33611 US

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

# Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	KALIA, CHAND A	Name	KALIA, RUBY
Address	PO BOX 13288	Address	PO BOX 13288
City-State-Zip:	TAMPA FL 33681	City-State-Zip:	TAMPA FL 33681

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHAND A KALIA

PRESIDENT

04/22/2013 Date

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 22, 2013 Secretary of State CC9522569689

Certificate of Status Desired: No