

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000109118

**Entity Name:** OMIVEST, LLC

**Current Principal Place of Business:**

9525 OSPREY ISLES BLVD  
WEST PALM BEACH, FL 33412

**Current Mailing Address:**

603 NEWTOWN RD  
BERWYN, PA 19312 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name KATKADE, VAIBHAV  
Address 9525 OSPREY ISLES BLVD  
City-State-Zip: WEST PALM BEACH FL 33412

Title MGRM  
Name NITA, THINGALAYA  
Address 9525 OSPREY ISLES BLVD  
City-State-Zip: WEST PALM BEACH FL 33412

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VAIBHAV KATKADE

**MANAGER**

**02/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date