

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000041168

**Entity Name:** OMAS LLC

**Current Principal Place of Business:**

6340 MARLIN DR  
CORAL GABLES, FL 33158

**Current Mailing Address:**

PO BOX 561716  
MIAMI, FL 33256 US

**FEI Number:** 61-1561737

**Certificate of Status Desired:** No

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

BLANCO, SOFIA  
6340 MARLIN DR  
CORAL GABLES, FL 33158 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:** BLANCO SOFIA

04/15/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LEZA, OSCAR H  
Address PO BOX 561716  
City-State-Zip: MIAMI FL 33256

Title MGRM  
Name SCHMITZ, MONICA B  
Address PO BOX 561716  
City-State-Zip: MIAMI FL 33256

Title MGRM  
Name LEZA, AGUSTIN  
Address PO BOX 561716  
City-State-Zip: MIAMI FL 33256

Title MGRM  
Name LEZA, SOLEDA  
Address PO BOX 561716  
City-State-Zip: MIAMI FL 33256

Title MANAGER  
Name BLANCO, SOFIA  
Address PO BOX 561716  
City-State-Zip: MIAMI FL 33256

*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:** SOFIA BLANCO

MGR

04/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date