

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000041168

Entity Name: OMAS LLC**Current Principal Place of Business:**1501 VENERA AVE
SUITE 325
CORAL GABLES, FL 33146**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:**MICHAEL BLANCO CPA PA INC.
1501 VENERA AVE
SUITE 325
CORAL GABLES, FL 33146 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:** SOFIA BLANCO**04/29/2023**

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

Title MANAGER
Name DEL RIO, JUAN G
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**MANAGER****04/29/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date