

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000147238

Entity Name: OMER TIME, LLC

Current Principal Place of Business:

4543 SPRINGFIELD BLVD.
JACKSONVILLE, FL 32206

Current Mailing Address:

4543 SPRINGFIELD BLVD.
JACKSONVILLE, FL 32206

FEI Number: 26-3318886

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PORTER, OMER
4543 SPRINGFIELD BLVD
JACKSONVILLE, FL 32206 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 MGR
Name PORTER, OMER
Address 4543 SPRINGFIELD BLVD
City-State-Zip: JACKSONVILLE FL 32206

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: OMER WILLIAM PORTER

MANAGER

04/19/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date