

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000044966

**FILED  
Feb 08, 2019  
Secretary of State  
4063466578CC**

**Entity Name:** OMEGA IM GROUP LLC

**Current Principal Place of Business:**

150 SE 2ND AVENUE  
CHASE BANK BLDG PH4  
MIAMI, FL 33131

**Current Mailing Address:**

1007 N FEDERAL HWY  
SUITE 292  
FORT LAUDERDALE, FL 33304 US

**FEI Number:** 81-1985903

**Certificate of Status Desired:** No

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

FUSSELL, TIMOTHY R  
1007 N FEDERAL HWY  
SUITE 292  
FORT LAUDERDALE, FL 33304 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 OMEGA CAPITAL STREET LLC  
Address 150 SE 2ND AVE  
CHASE BANK BLDG PH4  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name FUSSELL INSURANCE AND  
BENEFITS, LLC  
Address 1007 N FEDERAL HWY  
PMB 292  
City-State-Zip: FORT LAUDERDALE FL 33304

*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:** TIMOTHY R FUSSELL

**MANAGER**

**02/08/2019**

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

\_\_\_\_\_  
Date