

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000079120

**Entity Name:** ASTORIA OMS, LLC

**Current Principal Place of Business:**

2999 N.E. 191 STREET  
STE. 709  
AVENTURA, FL 33180

**Current Mailing Address:**

2999 N.E. 191 STREET  
STE. 709  
AVENTURA, FL 33180 US

**FEI Number:** 32-0565084

**Certificate of Status Desired:** No

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

MIRER, OLGA  
2999 N.E. 191 STREET  
STE. 709  
AVENTURA, FL 33180 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 MIRER, OLGA  
Address 2999 N.E. 191 STREET, STE. 709  
City-State-Zip: AVENTURA FL 33180

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:** OLGA MIRER

**MANAGER**

**04/30/2021**

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

\_\_\_\_\_  
Date