

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000154737

**Entity Name:** YOUR OM, LLC

**Current Principal Place of Business:**

152 NE 167TH STREET  
500  
MIAMI, FL 33162

**Current Mailing Address:**

152 NE 167TH STREET  
500  
MIAMI, FL 33162 US

**FEI Number:** 84-2221977

**Certificate of Status Desired:** No

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

ROSENTHAL, ALEX  
2115 NORTH COMMERCE PARKWAY  
WESTON, FL 33326 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 AELION, DAVID  
Address 152 NE 167TH STREET 500  
City-State-Zip: MIAMI FL 33162

*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:** DAVID M AELION

**MANAGER**

**04/11/2023**

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

\_\_\_\_\_  
Date