# 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000267205

Entity Name: OMELIA, LLC

**FILED** Apr 05, 2025 **Secretary of State** 2021077124CC

# **Current Principal Place of Business:**

55 NE 5TH ST APT 3225 MIAMI, FL 33132

# **Current Mailing Address:**

55 NE 5TH ST **APTO 3225** MIAMI, FL 33132 US

FEI Number: 87-1140287 Certificate of Status Desired: No

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

FONSECA, OMELIS MS. 55 NE 5TH ST **APT 3225** MIAMI, FL 33132 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 **AMBR** 

FONSECA, OMELIS MS. Name

55 NE 5TH ST Address

**APT 3225** 

City-State-Zip: MIAMI FL 33132

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: OMELIS FONSECA TORRES

MS

04/05/2025 Date