

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000438024

Entity Name: OMNI CTRS LIMITED LIABILITY COMPANY

Current Principal Place of Business:

6536 STADIUM DR
G
ZEPHYRHILLS, FL 33542

Current Mailing Address:

6536 STADIUM DR
G
ZEPHYRHILLS, FL 33542 UN

FEI Number: 85-2847409

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COSE, LOIDA
14935 JULIAN ST
DADE CITY, FL 33523 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	Title	AP
Name	COSME, LOIDA	Name	TRAHAN, BRELAND
Address	14935 JULIAN ST	Address	608 FALLING LEAF DR NW LILBURN GA
City-State-Zip:	DADE CITY FL 33523	City-State-Zip:	LILBURN GA 30047

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: COSME, LOIDA

PRINCIPAL

04/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date