

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000253659

**Entity Name:** OMNI FINANCIAL & CONSULTING, LLC

**Current Principal Place of Business:**

934 NORTH MAGNOLIA AVENUE SUITE 304  
ORLANDO, FL 32803

**Current Mailing Address:**

934 NORTH MAGNOLIA AVENUE SUITE 304  
ORLANDO, FL 32803 US

**FEI Number:** 92-3961896

**Certificate of Status Desired:** No

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

OMNI CONSULTING, LLC  
934 NORTH MAGNOLIA AVENUE SUITE 304  
ORLANDO, FL 32803 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	MGR
Name	JACQUES, BRIANNA	Name	SANDERS, CRISTIANNA
Address	934 NORTH MAGNOLIA AVENUE SUITE 304	Address	934 NORTH MAGNOLIA AVENUE SUITE 304
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803

*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:** CRISTIANNA SANDERS

**MGR**

**04/30/2024**

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

\_\_\_\_\_  
Date