## 2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M24000007679 Entity Name: OMNISSA, LLC

**Current Principal Place of Business:** 

590 E. MIDDLEFIELD ROAD MOUNTAIN VIEW. CA 94043

**Current Mailing Address:** 

590 E. MIDDLEFIELD ROAD MOUNTAIN VIEW. CA 94043 US

FEI Number: 99-1844235 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

**FILED** Jan 16, 2025

**Secretary of State** 

2405710809CC

Authorized Person(s) Detail:

Title **MEMBER** Title **MEMBER** IYER, SHANKAR Name PARK, JOHN Name

590 E. MIDDLEFIELD ROAD Address 590 E. MIDDLEFIELD ROAD Address City-State-Zip: MOUNTAIN VIEW CA 94043 MOUNTAIN VIEW CA 94043 City-State-Zip:

Title **AUTHORIZED PERSON** Title **MEMBER** Name BEARD, BROOKS BROWN, BRADLEY Name

Address 590 E. MIDDLEFIELD ROAD Address 590 E. MIDDLEFIELD ROAD MOUNTAIN VIEW CA 94043 City-State-Zip: City-State-Zip: MOUNTAIN VIEW CA 94043

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: BROOKS BEARD

Electronic Signature of Signing Authorized Person(s) Detail

01/16/2025 AUTHORIZED PERSON

Date