


LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE
DIVISION OF CORPORATIONS

11 JUN -1 PM 3:33

DOCUMENT # 1. Entity Name OMNI Computer Direct, LLC L01000009901	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box # 15261 Telcom dr.	3. Mailing Address Same
Suite, Apt. #, ect.	Suite, Apt. #, ect.

CR2E083B (1/11)

City & State Brooksville FL	City & State	4. FEI Number 522326057	Applied For <input type="checkbox"/> Not Applicable
Zip 34604	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name GREG JARQUE		
	Street Address (P.O. Box Number is Not Acceptable) 15261 TELCOM DR.		
	City BROOKSVILLE	FL	Zip Code 34604

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
<p>January 1 - May 1 Fee is \$138.75 After May 1, Fee is \$538.75 Amended AR is \$50.00 Make Check Payable to Florida Department of State</p>	<p>E-mail Address: GREG@OMNICORP.UTS.COM <small>To be used for future annual report notices</small></p>

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/MGR GREGORY JARQUE 15261 Telcom dr. Brooksville FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRES. Scott Jarque 15261 Telcom dr. Brooksville FL 34604
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10.
<p>700207573197 05/12/11--01004--010 **150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 5-20-11	Daytime Phone# (852) 799-9997
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JUN 02 2011