

**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

For Office Use Only

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DIVISION OF CORPORATIONS

11 JUN -1 PM 3:33



DOCUMENT #
1. Entity Name OMNI Computer Direct, LLC
L01000009901

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

CR2E083B (1/11)

City & State BROOKSVILLE FL
Zip 34604 Country USA
City & State
Zip Country

4. FEI Number 522326057 Applied For
Not Applicable
5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

E-mail Address: GREG@OMNICIRCUITS.COM
To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

TITLE	<u>PRESIDENT/MGR</u>
NAME	<u>GREGORY JARQUE</u>
STREET ADDRESS	<u>15261 Telcom dr.</u>
CITY-ST-ZIP	<u>BROOKSVILLE FL 34604</u>
TITLE	<u>V. PRES.</u>
NAME	<u>SCOTT JARQUE</u>
STREET ADDRESS	<u>15261 Telcom dr.</u>
CITY-ST-ZIP	<u>BROOKSVILLE FL 34604</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. **700207573197**
05/12/11--01004--010 **150.00

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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: _____ DATE 5-20-11 (652) 799-9997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11 JUN 0 2 2011