

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90007 014 ****50.00

DOCUMENT # L01000009902

1. Entity Name
OMNI DISPLAYS, LLC



Principal Place of Business
**15261 TELCOM DR
SPRING HILL, FL 34604**

Mailing Address
**15261 TELCOM DR
SPRING HILL, FL 34604**

44074303



05042004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2326060

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JARQUE, GREG
15201 TELCOM DR.
BROOKSVILLE, FL 34604**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HAGLAND, SCOTT
20 PEACHTREE COURT
HOLBROOK, NY 11741**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JARQUE, GREG
15261 TELCOM DR
SPRING HILL, FL 34604**

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/14/04

352-2999997