2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBA)

503269900707 9/25/2003-90040-041-\$50.00-\$50.00 DOCUMENT #L02000010787 FILED 1. Entity Name OMNI ENTERPRISES LLC 2003 NOV 10 AM 6: 11 DIVIDION OF CORPORATIONS Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 5151 WEST OAKLAND PARK BLVD., STE, 109 5151 WEST OAKLAND PARK BLVO., STE, 109 LAUDERDALE LAKES FL 33313 LAUDERDALE LAKES FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4 FEI Number X Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 1-RAVATO ATHLEEN-PRAVATO, DENISE ... 5151 WEST OAKLAND PARK BLVD., STE. 109 Street Address (P.O. Box Number is Not Acceptable) Lauderdäle lakes FL 33313 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 the obligations of registered agent. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. MEMBER TITLE ☐ Delete TITLE DENISE PRAVATO MGRM NAME NAME 59 ROOFFICK AND **CR2E083** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SENY 10305 REC. AGENT MANAGING MEMBER TITLE TITLE Delete KATHLEEN PRAVATO NAME NAME WEST DAKLAND PARK STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY_ST_7IP MIF . Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-SY-7IP