

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032413

Entity Name: OM, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

3416 W. WALLCRAFT AVE.
TAMPA, FL 33611

New Principal Place of Business:

1632 EAST 7TH AVE
YBOR CITY
TAMPA, FL 33605

Current Mailing Address:

3416 W. WALLCRAFT AVE.
TAMPA, FL 33611

New Mailing Address:

P O BOX 13288
TAMPA, FL 33681

FEI Number: 13-4226812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAND, KALIA
3416 WEST WALLCRAFT AVE
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KALIA, CHAND A
Address: 3416 W. WALLCRAFT AVE.
City-St-Zip: TAMPA, FL 33611

Title: MGRM () Delete
Name: KALIA, RUBY
Address: 3416 WEST WALLCRAFT AVE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHAND KALIA

MR

04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date