

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000032413

Entity Name: OM, LLC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1632 EAST 7TH AVE  
YBOR CITY  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 13288  
TAMPA, FL 33681

**New Mailing Address:**

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:**

CHAND, KALIA A  
3402 SOUTH DALEMABRY  
UNIT I AND H  
TAMPA, FL 33681 US

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: CHAND KALIA

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KALIA, CHAND A  
Address: PO BOX 13288  
City-St-Zip: TAMPA, FL 33681

Title: MGRM  
Name: KALIA, RUBY  
Address: PO BOX 13288  
City-St-Zip: TAMPA, FL 33681

I hereby 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

MGRM

04/29/2011

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