

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000054540

Entity Name: OMNI FORMULAS LLC

**FILED**  
**Jan 30, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1800 JUAREZ WAY S  
ST. PETERSBURG, FL 33712

**New Principal Place of Business:**

**Current Mailing Address:**

1800 JUAREZ WAY S  
ST. PETERSBURG, FL 33712

**New Mailing Address:**

2410 SPARWOOD DR  
DURHAM, NC 27705

FEI Number: 58-2677145

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OBRIEN, KEVIN F  
1800 JUAREZ WAY S  
ST. PETERSBURG, FL 33712 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: MGR ( ) Delete  
Name: OBRIEN, KEVIN F  
Address: 1800 JUAREZ WAY S  
City-St-Zip: ST. PETERSBURG, FL 33712 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: OBRIEN, KEVIN F  
Address: 2410 SPAWOOD DR  
City-St-Zip: DURHAM, NC 27705 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KEVIN OBRIEN

MGR

01/30/2006

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