2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2012
Secretary of State

DOCUMENT# L04000017577

Entity Name: OM-SVN, LLC

Current Principal Place of Business:

932 SAXON BLVD. SUITE A
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

932 SAXON BLVD. SUITE A
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 20-0764591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIPPALGAONKAR, SUVARNA
3055 ALATKA CT
LONGWOOD, FL 32779 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
Name: HIPPALGAONKAR, SUVARNA
Address: 3055 ALATKA CT
City-St-Zip: LONGWOOD, FL 32779

Title: SH
Name: HIPPALGAONKAR, NEHA
Address: 3055 ALATKA CT
City-St-Zip: LONGWOOD, FL 32779

Title: SH
Name: LAMBA, SONALI H
Address: 3055 ALATKA CT
City-St-Zip: LONGWOOD, FL 32779

Title: SH
Name: HIPPALGAONKAR, VARUN
Address: 3055 ALATKA CT
City-St-Zip: LONGWOOD, FL 32779

Title: JSH
Name: MR&MRS, HIPPALGAONKAR R
Address: 3055 ALATKA CT
City-St-Zip: LONGWOOD, FL 32779

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 Statues.

SIGNATURE: SUVARNA HIPPALGAONKAR MAN 01/16/2012

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