

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 17, 2008 08:00 AM
Secretary of State**

DOCUMENT # L05000014218

**1. Entity Name
OMNI-C LLC**



**Principal Place of Business
19425 SW 24TH STREET
MIRAMAR, FL 33029**

**Mailing Address
19425 SW 24TH STREET
MIRAMAR, FL 33029**



04102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
NOT APPLICABLE**

**Applied For
Not Applicable**

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLACK, WILLIAM R ESQUIRE
2691 E OAKLAND PARK BLVD
402
FORT LAUDERDALE, FL 33306**

**DO NOT WRITE
IN THIS SPACE**

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 with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

000000001752

04/24/08 00001-020 138.75

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

**TITLE MGRM
NAME THE OMNI ENTERPRISES LIMITED PARTNERSHIP
STREET ADDRESS 19425 SW 24TH STREET
CITY-ST-ZIP MIRAMAR, FL 33029**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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CITY-ST-ZIP**

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/08/08