
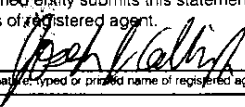
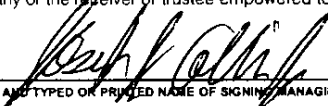


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90183 038 ****50.00

DOCUMENT # L05000036751					
1. Entity Name OPM ENTERPRISES LLC					
Principal Place of Business 1327 S PINE RIDGE CIR SANFORD, FL 32773			Mailing Address PO BOX 520111 LONGWOOD, FL 32752		
2. Principal Place of Business - No P.O. Box # 401 Newtech Court #101		3. Mailing Address 401 Newtech Court #101			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DEBARY, FL		City & State DEBARY, FL		4. FEI Number 86-1135078	
Zip 32713-4841		Country Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32713-4841		Country Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLINS, JOSEPH J JR 1327 S PINE RIDGE CIR SANFORD, FL 32773			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 			DATE 3/27/07		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, DAVID E 325 GREEN ASH LN SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, ANN K 325 GREEN ASH LN SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			Date 3/27/07 Daytime Phone # 386-753-1125		

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03272007 Chg-LLC CR2E083 (12/06)

4. FEI Number 86-1135078 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

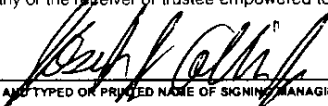
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

9. MANAGING MEMBERS/MANAGERS
10. ADDITIONS/CHANGES

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