

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000103829

1. Entity Name
OMNIPLEX SERVICE COMPANY, LLC



Principal Place of Business
**7380 SAND LAKE ROAD 5TH FL
ORLANDO, FL 32819**

Mailing Address
**7380 SAND LAKE ROAD 5TH FL
ORLANDO, FL 32819**



04192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4312377	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**TIMMERMANN, JOHN
354 OAK AVENUE
NAPLES, FL 34108**

**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)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCKAY, S. MICHAEL
STREET ADDRESS	1023 EXECUTIVE PARKWAY STE 18
CITY-STATE-ZIP	ST. LOUIS, MO 63141

TITLE	MGRM
NAME	OLSON, JOSEPH F
STREET ADDRESS	1222 DUMOTIER DR
CITY-STATE-ZIP	BALLWIN, MO 63011

TITLE	MGRM
NAME	SMITH, NORMAND F
STREET ADDRESS	ONE BEACON STREET 30TH FL
CITY-STATE-ZIP	BOSTON, MA 021083106

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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05/15/07-80117-005 50.00

**DO NOT WRITE
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

4-25-07

Date

314-800-7324

Daytime Phone #