

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115901

Entity Name: OMNIEVENTS, LLC

FILED
Jun 03, 2009
Secretary of State

Current Principal Place of Business:

872 MEDICAL COMMONS COURT
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 451
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 20-4384739 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALEXANDER, KARI
872 MEDICAL COMMONS COURT
TALLAHASSEE, FL 32310 US

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: DIR () Delete
Name: ALEXANDER, KARI
Address: 872 MEDICAL COMMONS COURT
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KARI ALEXANDER

DIR

06/03/2009

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