

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000119700

Entity Name: OMID GROUP LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

521 N.W. 107 AVENUE  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

521 N.W. 107 AVENUE  
PLANTATION, FL 33324 US

**New Mailing Address:**

FEI Number: 59-3829190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOSTOUFI, EBRAHIM MD  
521 NW 107TH AVE.  
PLANTATION, FL 33324 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: HAMZEHPOUR, SHOKOUFEH M.D.  
Address: 521 NW 107TH AVE  
City-St-Zip: PLANTATION, FL 33324 US

Title: MGRM  
Name: MOSTOUFI-MOAB, EBRAHIM M.D.  
Address: 521 NW 107TH AVE  
City-St-Zip: PLANTATION, FL 33324 US

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 Statutes.

SIGNATURE: EBRAHIM MOSTOUFI-MOAB

MGRM

04/30/2012

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