

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000010868

Entity Name: OHM, LLC

FILED
May 28, 2007
Secretary of State

Current Principal Place of Business:

4807 N TAMiami TRAIL
SARASOTA, FL 34234

New Principal Place of Business:

4297 CLARK ROAD
SARASOTA, FL 34233

Current Mailing Address:

4807 N TAMiami TRAIL
SARASOTA, FL 34234

New Mailing Address:

4297 CLARK ROAD
SARASOTA, FL 34233

FEI Number: 20-4212002 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:

VOIGT & VOIGT PA
2042 BEE RIDGE ROAD
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

PATEL, JIGNESH
4297 CLARK ROAD
SARASOTA, FL 34233 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: JIGNESH PATEL

05/28/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, JIGNESH
Address: 4807 N TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34234

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PATEL, JIGNESH
Address: 4297 CLARK ROAD
City-St-Zip: SARASOTA, FL 34233

Title: MGR () Change (X) Addition
Name: PATEL, BHAIRAVI
Address: 4297 CLARK ROAD
City-St-Zip: SARASOTA, FL 3233

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: JIGNESH PATEL

MGRM

05/28/2007

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