

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90074 023 \*\*\*138.75

**DOCUMENT # L06000049472**

1. Entity Name  
OMH3,LLC



Principal Place of Business  
2166 RESERVATION RD  
GULF BREEZE, FL 32563

Mailing Address  
2166 RESERVATION RD  
GULF BREEZE, FL 32563

**60008104**



01112008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
84-1710662

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BROWN, LINDA B  
2166 RESERVATION RD  
GULF BREEZE, FL 32563

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME BROWN, LINDA B  
STREET ADDRESS 2166 RESERVATION RD  
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE MGR  
NAME BROWN, GARY H  
STREET ADDRESS 2166 RESERVATION RD  
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE MGR  
NAME MEADOR, MICHAEL JR  
STREET ADDRESS 3451 CLIFF TERRACE S  
CITY-ST-ZIP BIRMINGHAM, AL 35205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: Linda Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01/24/08

Date

850-932-4659

Daytime Phone #