

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90043 038 \*\*\*\*50.00

**DOCUMENT # L06000059082**

1. Entity Name  
**OMNI FUNDING SERVICES LLC**



Principal Place of Business  
**4126 LAKESIDE DRIVE  
TAMARAC, FL 33319**

Mailing Address  
**4126 LAKESIDE DRIVE  
TAMARAC, FL 33319**

00000000



2. Principal Place of Business - No P.O. Box #  
**4126 Lakeside Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**4126 Lakeside Drive**  
Suite, Apt. #, etc.

01152007 Chg-LLC CR2E083 (12/06)

City & State  
**Tamarac FL**  
Zip  
**33319** Country  
**USA**

City & State  
**Tamarac FL**  
Zip  
**33319** Country  
**USA**

4. FEI Number , ☐ Applied For  
☒ Not Applicable

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

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

**LAWRENCE, TSEGA  
4126 LAKESIDE DRIVE  
TAMARAC, FL 33319**

**7. Name and Address of New Registered Agent**

Name  
**N/A**  
Street Address (P.O. Box Number is Not Acceptable)  
**N/A**  
City  
**N/A** **FL** Zip Code  
**N/A**

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 **N/A**

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**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>Managing Director Tsega Lawrence 4126 Lakeside Drive Tamarac FL, 33319</b>	
<b>N/A</b>	<input type="checkbox"/> Delete
<b>N/A</b>	<input type="checkbox"/> Delete
<b>N/A</b>	<input type="checkbox"/> Delete
<b>N/A</b>	<input type="checkbox"/> Delete
<b>N/A</b>	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>N/A</b>	
<b>N/A</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>N/A</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>N/A</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>N/A</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>N/A</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/12/07 (954) 647-7992**