

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90437 005 ****50.00

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03092007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000069674 1. Entity Name OMICS, LLC																										
Principal Place of Business 106 EAST COLLEGE AVE., SUITE 1200 TALLAHASSEE, FL 32301			Mailing Address 106 EAST COLLEGE AVE., SUITE 1200 TALLAHASSEE, FL 32301																							
2. Principal Place of Business - No P.O. Box # 3248 NEWBERRY BLVD.		3. Mailing Address 3248 NEWBERRY BLVD.																								
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																								
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL		4. FEI Number 33-1141348																						
Zip 32311		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																						
6. Name and Address of Current Registered Agent WALLACE, NANCY M ESQ. 106 EAST COLLEGE AVE., SUITE 1200 TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																							
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 _____ (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																								
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MGRM Ryan P. Rogers</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>3248 Newberry Blvd Tallahassee, FL 32311</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	STREET ADDRESS	MGRM Ryan P. Rogers	<input type="checkbox"/>	CITY - ST - ZIP	3248 Newberry Blvd Tallahassee, FL 32311		TITLE	NAME	Change	Addition	STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>	CITY - ST - ZIP			
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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:				Date 3/29/07 Daytime Phone # 850-644-2398																						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																										