

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000086851

1. Entity Name
OMEGA REEF FINANCIAL SERVICES, LLC



Principal Place of Business
2600 S. DOUGLAS RD PH-6
CORAL GABLES, FL 33134

Mailing Address
2600 S. DOUGLAS RD PH-6
CORAL GABLES, FL 33134



04282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-5501165

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PADIAL, JOSE I
2600 S. DOUGLAS RD PH-6
CORAL GABLES, FL 33134

**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

000000936717
05/27/08-80020-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME TORREBIARTE, JUAN A
STREET ADDRESS 2600 S. DOUGLAS RD PH-6
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR
NAME RIVAS, ROLANDO
STREET ADDRESS 2600 S. DOUGLAS RD PH-6
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
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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: _____

4/28/08