


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90097 040 \*\*\*138.75

DOCUMENT # L06000107546					
1. Entity Name <b>OMNI SERVICES, LLC</b>					
Principal Place of Business 1962 CENTERVILLE ROAD TALLAHASSEE, FL 32308			Mailing Address P.O. BOX 15964 TALLAHASSEE, FL 32317 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-5830820</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> - \$5.00 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent  <b>CHICK, JOE</b> <b>1962 CENTERVILLE ROAD</b> <b>TALLAHASSEE, FL 32308</b>	
Zip		Country		7. Name and Address of New Registered Agent  Name <b>MARTIN J. CHICK, JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>1962 CENTERVILLE ROAD</b>  City <b>TALLAHASSEE</b> FL Zip Code <b>32308</b>	
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 <u><i>Martin J. Chick, Jr</i></u> DATE <u>4-14-08</u> <small>Signature, typed or printed name of registered agent and board applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHICK, JOE 1962 CENTERVILLE ROAD TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARTIN J. CHICK, JR. 1962 CENTERVILLE ROAD TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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: <u><i>Martin J. Chick, Jr</i></u>			4-14-08 850-385-3848 <small>Date Daytime Phone #</small>		