

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000116940

Entity Name: OMNI CREDIT LLC

**FILED**  
**Jan 03, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1600 NORTH STATE ROAD 7  
HOLLYWOOD, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

2370 N. FEDERAL HWY. SUITE 204  
FT LAUDERDALE, FL 33305

**New Mailing Address:**

1600 NORTH STATE ROAD 7  
HOLLYWOOD, FL 33064

FEI Number: 20-8037724      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ZALKA, STEPHEN M CPA  
6437 NW 99TH AVE  
PARKLAND, FL 33076      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: TIMOTHY DUVAL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: DUVAL, TIMOTHY  
Address: 1600 N ST RD 7  
City-St-Zip: HOLLYWOOD, FL 33064

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY DUVAL

MGR

01/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date