

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90014 009 ***138.75

DOCUMENT # L06000118236

1. Entity Name
OMANID 28, LLC



Principal Place of Business
2999 N.E. 191ST STREET, SUITE 900
C/O ADAM R. SCHIFFMAN, P.A.
AVENTURA, FL 33180

Mailing Address
2999 N.E. 191ST STREET, SUITE 900
C/O ADAM R. SCHIFFMAN, P.A.
AVENTURA, FL 33180

60037942



03042008 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

2. Principal Place of Business - No P.O. Box #
2750 NE 185th Street
Suite, Apt. #, etc. **2nd Floor**
c/o **Adam R. Schiffman**
City & State
Aventura, FL
Zip
33180

3. Mailing Address
2750 NE 185th Street
Suite, Apt. #, etc. **2nd Floor**
c/o **Adam R. Schiffman**
City & State
Aventura, FL
Zip
33180

6. Name and Address of Current Registered Agent
SCHIFFMAN, ADAM R
2999 N.E. 191ST STREET, SUITE 900
AVENTURA, FL 33180

7. Name and Address of New Registered Agent
Name
Adam R. Schiffman
Street Address (P.O. Box Number is Not Acceptable)
2750 NE 185th Street
2nd Floor
City
Aventura FL Zip Code
33180

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARANGOS, ANDREAS 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARANGOS, ANDREAS 2750 NE 185th Street, 2nd Floor Aventura, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/08

Date

Daytime Phone #