


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90140 012 ***138.75

DOCUMENT # L07000013978 1. Entity Name O'MAILIA ENTERPRISES, LLC.					
Principal Place of Business 8885 NAVARRE PKWY NAVARRE, FL 32566			Mailing Address PO BOX 13052 PENSACOLA, FL 32591		
2. Principal Place of Business - No P.O. Box # 208 GREVE RD		3. Mailing Address 208 GREVE RD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State PENSACOLA FL		City & State PENSACOLA FL		4. FEI Number 20-8390713	
Zip 32507		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent O'MAILIA, JOHN E 8885 NAVARRE PKWY NAVARRE, FL 32566			7. Name and Address of New Registered Agent Name O'MAILIA, JOHN E. Street Address (P.O. Box Number is Not Acceptable) 208 GREVE RD City PENSACOLA FL Zip Code 32507		
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>John E. Omailia</i></u> President DATE <u><i>2-4-2008</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM O'MAILIA, JOHN E 8885 NAVARRE PKWY NAVARRE, FL 32566 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	208 GREVE RD PENSACOLA FL 32507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM O'MAILIA, LINDSEY N 8885 NAVARRE PKWY NAVARRE, FL 32566 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	208 GREVE RD PENSACOLA, FL 32507 <input checked="" 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>John E. Omailia</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u><i>2-4-2008 (850)453-9517</i></u> <small>Date Daytime Phone #</small>		