

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000084558

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** OMNI MARKETING VENTURES LLC

**Current Principal Place of Business:**

678 ALTURA DRIVE  
PORT SAINT JOHN, FL 32927

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 419  
SHARPES, FL 32959

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

NIEVES, MARIA E  
678 ALTURA DRIVE  
PORT SAINT JOHN, FL 32927 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NIEVES, MARIA E  
Address: 678 ALTURA DRIVE  
City-St-Zip: PORT SAINT JOHN, FL 32927

Title: S  
Name: NIEVES, MARIA E  
Address: 678 ALTURA DRIVE  
City-St-Zip: PORT SAINT JOHN, FL 32927

I hereby 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: MARIA E. NIEVES

MGR

04/26/2012

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