

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000063018

**FILED**  
**Mar 14, 2010**  
**Secretary of State**

**Entity Name:** OMNI FINANCIAL SOLUTIONS LLC

**Current Principal Place of Business:**

10116 SPRINGTREE CT  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

10116 SPRINGTREE CT  
TAMPA, FL 33615

**New Mailing Address:**

**FEI Number:** 90-0498343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATEL, KEYUR  
10116 SPRINGTREE CT  
TAMPA, FL 33615 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:** SKORR, COREY  
**Address:** 10116 SPRINGTREE  
**City-St-Zip:** TAMPA, FL 33615

**Title:** MGR  
**Name:** TORRES, FAUSTO  
**Address:** 10116 SPRINGTREE CT  
**City-St-Zip:** TAMPA, FL 33615

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:** COREY SKORR

MGR

03/14/2010

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