

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000086780

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** OMIE DISCOUNT BEAUTY SUPPLY LLC

**Current Principal Place of Business:**

461 SOUTHWEST 53RD AVE  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

461 SOUTHWEST 53RD AVE  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** 27-3268466

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOLLA, MOHAMMED  
461 SOUTHWEST 53RD AVE  
PLANTATION, FL 33317 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:** PARVES, MOHAMMAD M  
**Address:** 461 SOUTHWEST 53RD AVE  
**City-St-Zip:** PLANTATION, FL 33317

**Title:** MGR  
**Name:** SIDDEQUE, SALMA  
**Address:** 461 SOUTHWEST 53RD AVE  
**City-St-Zip:** PLANTATION, FL 33317

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: MOHAMMED MOLLA

MGR

04/23/2012

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