

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000119505

Entity Name: OM TSM LLC

**FILED**  
**Aug 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

14965 OLD ST AUGUSTINE ROAD  
SUITE, 108  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

7862 TURNSTONE CIRCLE WEST  
JACKSONVILLE, FL 32256

**New Mailing Address:**

14965 OLD ST AUGUSTINE ROAD  
SUITE, 108  
JACKSONVILLE, FL 32257

FEI Number: 45-3641469

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATEL, M  
7862 TURNSTONE CIRCLE WEST  
JACKSONVILLE, FL 32256 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: PATEL, M  
Address: 7862 TURNSTONE CIRCLE WEST  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR  
Name: PATEL, T  
Address: 1269 LEITH HALL DR  
City-St-Zip: ST. JOHNS, FL 32259

Title: MGRM  
Name: GANDHI, S  
Address: 811 STELLING CT.  
City-St-Zip: ST JOHNS, FL 32259

Title: MGRM  
Name: PATEL, ARCHANA S  
Address: 7914 MONTEREY BAY DR  
City-St-Zip: JACKSONVILLE, FL 32256

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: MITESH PATEL

MGRM

08/10/2012

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