

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90103 042 ****50.00

DOCUMENT # L98000002422

1. Entity Name

OMEGA INVESTMENTS, L.C.



Principal Place of Business

Mailing Address

20622 HIGHGATE DRIVE PO Box 1585
BONITA SPRINGS FL 34135 Bonita Springs, FL.
34133

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BONITA SPRINGS FL 34135 Bonita Springs, FL.
34133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0880684**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFE, DAVID L ESQ.
20000 SPANISH WELLS BLVD., SUITE 220
NAPLES FL 34135

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **LEFFINGWELL, LARRY L**
STREET ADDRESS **20622 HIGHGATE DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☒ Change ☐ Addition
NAME **PO Box 1585**
STREET ADDRESS **Bonita Springs, FL**
CITY-ST-ZIP **34133**

TITLE **MGRM** ☐ Delete
NAME **LEFFINGWELL, JANET M**
STREET ADDRESS **20622 HIGHGATE DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☒ Change ☐ Addition
NAME **PO Box 1585**
STREET ADDRESS **Bonita Springs, FL**
CITY-ST-ZIP **34133**

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-4-03

Date

832-473-2410

Daytime Phone #

CR2E083 (4/03)