

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000002196

1. Entity Name
OMEGA COMPONENTS, L.L.C.



Principal Place of Business
1951 S. ORANGE BLOSSOM TRAIL
SUITE 101
APOPKA, FL 32703

Mailing Address
1951 S. ORANGE BLOSSOM TRAIL
SUITE 101
APOPKA, FL 32703



07012004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3569801

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENTLEY, WAYNE S
1951 S ORANGE BLOSSOM TRAIL
STE 101
APOPKA, FL 32703

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by September 8, 2004**

U00000164111

07/07/04 00032 007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BENTLEY, WAYNE S
STREET ADDRESS	1951 S. ORANGE BLOSSOM TRAIL STE 101
CITY- ST- ZIP	APOPKA, FL 32703

TITLE	
NAME	
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CITY- ST- ZIP	

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IN THIS SPACE**

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: Wayne Bentley

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

7/1/04 407-862-7556

Date

Daytime Phone #