

LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

11 JUN -1 PM 3:33



DOCUMENT

1. Entity Name **OMNI Circuits International**
MO4000000461

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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, ect.

Suite, Apt. #, ect.

CR2E083B (1/11)

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

Not Applicable

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7. Name and Address of Current Registered Agent

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

DATE

January 1 - May 1 Fee is \$138.75

After May 1, Fee is \$538.75

Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address:

greg@omnicircuits.com

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRES. / MGR
GREG JARQUE
15261 Telcom dr.
BROOKSVILLE FL 34604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Scott Hayland / MGR
15261 Telcom dr.
BROOKSVILLE FL 34604

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10.

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.165, F.S.

SIGNATURE:

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

Date

Daytime Phone#

5-20-11 352 744-9997

B Tedlock JUN 02 2011