

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000032413

**FILED  
Apr 18, 2014  
Secretary of State  
CC1448492406**

**Entity Name:** OM, LLC

**Current Principal Place of Business:**

1632 EAST 7TH AVE  
YBOR CITY  
TAMPA, FL 33605

**Current Mailing Address:**

P O BOX 13288  
TAMPA, FL 33681

**FEI Number:** 13-4226812

**Certificate of Status Desired:** No

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

CHAND, KALIA A  
4520 WEST OAKELLAR AVE NO 13288  
TAMPA, FL 33611 US

*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

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	KALIA, CHAND A	Name	KALIA, RUBY
Address	PO BOX 13288	Address	PO BOX 13288
City-State-Zip:	TAMPA FL 33681	City-State-Zip:	TAMPA FL 33681

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHAND ANUP KALIA

**PRESIDENT**

**04/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date