

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000113793

**Entity Name:** OMSASA, LLC

**Current Principal Place of Business:**

15420 SW 136 ST.  
# 29  
MIAMI, FL 33196

**FILED**  
**Feb 18, 2015**  
**Secretary of State**  
**CC1632453998**

**Current Mailing Address:**

PO BOX 171625  
HIALEAH, FL 33017-1625 US

**FEI Number: 26-1582933**

**Certificate of Status Desired: No**

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

RAFAEL FABIAN, PA  
10631 NORTH KENDAL DRIVE  
SUITE 145  
MIAMI, FL 33176 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: RAFAEL FABIAN**

**02/18/2015**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ORTEGA, OLGA  
Address PO BOX 171625  
City-State-Zip: HIALEAH FL 33017-1625

Title MGRM  
Name ORTEGA, FRANCISCO  
Address PO BOX 171625  
City-State-Zip: HIALEAH FL 33017-1625

*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: OLGA ORTEGA**

**MGRM**

**02/18/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date