

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000040416

**Entity Name:** LAW OFFICE OF OMAR FAROOQ, PLLC

**Current Principal Place of Business:**

3546 ST JOHN'S BLUFF ROAD S  
STE 116  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

3546 ST JOHN'S BLUFF ROAD S  
STE 116  
JACKSONVILLE, FL 32224

**FEI Number:** 26-4747555

**Certificate of Status Desired:** No

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

FAROOQ, OMAR  
3546 ST JOHN'S BLUFF RD S  
STE 116  
JACKSONVILLE, FL 32224 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  
Name FAROOQ, OMAR  
Address 3546 ST JOHN'S BLUFF RD S #116  
City-State-Zip: JACKSONVILLE FL 32224

*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:** OMAR FAROOQ

MGRM

01/12/2015

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

\_\_\_\_\_  
Date