

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000031401

**Entity Name:** OMEGA PROTECTION SERVICES, LLC

**Current Principal Place of Business:**

1311 N. WESTSHORE BLVD.  
SUITE 205  
TAMPA, FL 33607

**FILED**  
**Apr 30, 2016**  
**Secretary of State**  
**CC7889954920**

**Current Mailing Address:**

1311 N. WESTSHORE BLVD.  
SUITE 205  
TAMPA, FL 33607 US

**FEI Number:** 27-2209147

**Certificate of Status Desired:** No

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

SMITH, ADAM D  
1311 N. WESTSHORE BLVD.  
SUITE 205  
TAMPA, FL 33607 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:** ADAM D. SMITH

04/30/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SMITH, ADAM D  
Address 1311 N. WESTSHORE BLVD.  
SUITE 205  
City-State-Zip: TAMPA FL 33607

Title MGR  
Name PACE, NOEL C  
Address 1311 N. WESTSHORE BLVD.  
SUITE 205  
City-State-Zip: TAMPA FL 33607

*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:** ADAM D SMITH

MGR

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date