

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000109887

Entity Name: OMEGA PHARMA CONSULTING LLC

Current Principal Place of Business:

50 BISCAYNE BLVD.
APT. 5102
MIAMI, FL 33132

Current Mailing Address:

1 INDIAN KNOLL PLACE
GREENWICH, CT 06831

FEI Number: 45-3419059

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAYSAL, OZER
50 BISCAYNE BLVD.
APT. 5102
MIAMI, FL 33132 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 BAYSAL, OZER
Address 50 BISCAYNE BLVD., APT. 5102
City-State-Zip: MIAMI FL 33132

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: OZER BAYSAL

MANAGER

02/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date