

**2017 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**

**01/09/2017**

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

\_\_\_\_\_  
Date