

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000090046

**FILED**  
**Mar 09, 2015**  
**Secretary of State**  
**CC4713813028**

**Entity Name:** THE OMEGA PROJECT LLC

**Current Principal Place of Business:**

255 ALHAMBRA CIRCLE  
SUITE: 500  
CORAL GABLES, FL 33134

**Current Mailing Address:**

255 ALHAMBRA CIRCLE  
SUITE: 500  
CORAL GABLES, FL 33134

**FEI Number:** 47-1030160

**Certificate of Status Desired:** No

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

ARAGON REGISTERED AGENTS, INC.  
255 ALHAMBRA CIRCLE  
SUITE: 500  
CORAL GABLES, FL 33134 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 MGR  
Name DE MARCOS, MARIORI  
Address 255 ALHAMBRA CIRCLE STE 500  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name JORDAN, ARTURO  
Address 255 ALHAMBRA CIRCLE STE 500  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name BENITEZ, VILMA  
Address 255 ALHAMBRA CIRCLE STE 500  
City-State-Zip: CORAL GABLES FL 33134

*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:** ARTURO JORDAN

**MGR**

**03/09/2015**

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

\_\_\_\_\_  
Date