

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000148789

**Entity Name:** OM CAPOEIRA, LLC

**Current Principal Place of Business:**

8256 WILES ROAD  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

8256 WILES ROAD  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 47-1907843

**Certificate of Status Desired:** No

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

COHN, CECILIA M  
6791 NW 34TH ST  
MARGATE, FL 33063 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 WATERMAN, LAURA B  
Address 9750 NW 35 TH STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGRM  
Name COHN, CECILIA M  
Address 6791 NW 34TH ST  
City-State-Zip: MARGATE FL 33063

*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:** LAURA WATERMAN

MANAGER

03/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date