

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000117647

Entity Name: OMEGA GROUP CENTER LLC**Current Principal Place of Business:**2875 NE 191 STREET
SUITE 601
AVENTURA, AL 33180**Current Mailing Address:**2875 NE 191 STREET
SUITE 601
AVENTURA, AL 33180 US**FEI Number:** 47-4526296**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEVY, STEVEN
2875 NE 191 STREET UNIT 601
AVENTURA, FL 33180 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 SCHNEIDER, JACKY
Address 2875 NE 191 STREET UNIT 601
City-State-Zip: AVENTURA FL 33180

Title MGR
Name TESHBY, YARON
Address 2875 NE 191 STREET UNIT 601
City-State-Zip: AVENTURA FL 33180

Title MANAGER
Name BAREL, HAIM
Address 2875 NE 191 STREET
SUITE 601
City-State-Zip: AVENTURA AL 33180

Title MANAGER
Name BAREL, ISRAEL
Address 2875 NE 191 STREET
SUITE 601
City-State-Zip: AVENTURA AL 33180

Title MANAGER
Name SVIRY, AMOS
Address 2875 NE 191 STREET
SUITE 601
City-State-Zip: AVENTURA AL 33180

Title MANAGER
Name SHOSHA, SNIR
Address 2875 NE 191 STREET
SUITE 601
City-State-Zip: AVENTURA AL 33180

Title MANAGER
Name PERRY, RONEN
Address 2875 NE 191 STREET
SUITE 601
City-State-Zip: AVENTURA AL 33180

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: JACKY SCHNEIDER

MANAGER

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date