

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000119765

**Entity Name:** O.M. INTERNATIONAL PROFESSIONAL SERVICES,LLC

**Current Principal Place of Business:**

16702 BROADFORD LN  
CLERMONT, FL 34714

**FILED**  
**Jun 19, 2020**  
**Secretary of State**  
**7690474597CC**

**Current Mailing Address:**

16702 BROADFORD LN  
CLERMONT, FL 34714 US

**FEI Number: 47-4573294**

**Certificate of Status Desired: No**

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

MOTTA, ORLANDO  
16702 BROADFORD LN  
CLERMONT, FL 34714 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	AMBR	Title	AMBR
Name	MOTTA, ORLANDO	Name	RAMIREZ, ESNEIDA
Address	16702 BROADFORD LN	Address	16702 BROADFORD LN
City-State-Zip:	CLERMONT FL 34714	City-State-Zip:	CLERMONT FL 34714

Title MGR  
Name MOTTA CHAVES, ORLANDO  
Address 16702 BROADFORD LN  
City-State-Zip: CLERMONT FL 34714

*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: ORLANDO MOTTA**

**AMBR**

**06/19/2020**

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

\_\_\_\_\_  
Date