FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90023 007 ***150.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009439

1. Entity Name
OSIER, L.L.C.

Principal Place of Business
9769 S. DIXIE HWY., SUITE 101
MIAMI, FL 33156

Mailing Address
9769 S. DIXIE HWY., SUITE 101
MIAMI, FL 33156

2. Principal Place of Business: 2566 JARDIN WAY
Suite, Apt. #, etc.
City & State: WESTON FL
Zip: 33327 Country: USA

3. Mailing Address: 2566 JARDIN WAY
Suite, Apt. #, etc.
City & State: WESTON FL
Zip: 33327 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 26-0020772 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GAVIRIA, JORGE
9769 S. DIXIE HWY., SUITE 101
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name: REBECA REBOREDO
Street Address (P.O. Box Number is Not Acceptable): 2566 JARDIN WAY
City: WESTON FL Zip Code: 33327

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 03/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RANGEL, DOMINGO A. A 9769 S. DIXIE HWY., SUITE 101 MIAMI, FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: [signature] 29/3/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)