

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048261

**FILED**  
**Apr 08, 2009**  
**Secretary of State**

**Entity Name:** OSS, LLC

**Current Principal Place of Business:**

2811 NELA AVENUE  
ORLANDO, FL 32809

**New Principal Place of Business:**

121 SOUTH ORANGE AVENUE  
SUITE 1500  
ORLANDO, FL 32801

**Current Mailing Address:**

P O BOX 590117  
ORLANDO, FL 32859

**New Mailing Address:**

121 SOUTH ORANGE AVE  
SUITE 1500  
ORLANDO, FL 32801

**FEI Number:** 61-1464217

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CALLAHAN, W. SCOTT ESQUIRE  
C/O STUMP, STOREY, CALLAHAN & DIETRICH, PA  
37 NORTH ORANGE AVENUE, SUITE 200  
ORLANDO, FL FL32801 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BUONO, J SCOTT R  
Address: 2811 NELA AVENUE  
City-St-Zip: ORLANDO, FL 32809

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BUONO, J SCOTT R  
Address: 121 SOUTH ORANGE AVE SUITE 1500  
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: J SCOTT RAE BUONO

MGRM

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date