

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000054830

**Entity Name:** OSHER, LLC

**Current Principal Place of Business:**

2319 ALFORD WAY  
WELLINGTON, FL 33414

**Current Mailing Address:**

2319 ALFORD WAY  
WELLINGTON, FL 33414 US

**FEI Number:** 20-3446139

**Certificate of Status Desired:** No

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

SAUERBERG, ERIC M  
200 VILLAGE SQUARE CROSSING  
SUITE 102  
PALM BEACH GARDENS, FL 33410 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                  | Title           | MGR                  |
| Name            | RUBINOWICZ, DIEGO MD | Name            | RUBINOWICZ, CLAUDINA |
| Address         | 2319 ALFORD WAY      | Address         | 2319 ALFORD WAY      |
| City-State-Zip: | WELLINGTON FL 33414  | City-State-Zip: | WELLINGTON FL 33414  |

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLAUDINA RUBINOWICZ

**MANAGER**

**04/15/2013**

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

\_\_\_\_\_  
Date