

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000088378

Entity Name: OSMIUM, LLC**Current Principal Place of Business:**1990 NE 163RD STREET
STE 239
NORTH MIAMI BEACH, FL 33162**Current Mailing Address:**1990 NE 163RD STREET
STE 239
NORTH MIAMI BEACH, FL 33162 US**FEI Number:** 27-0930062**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COHEN, RAFAEL
1990 NE 163RD STREET
STE 239
NORTH MIAMI BEACH, FL 33162 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 MGRM
Name COHEN, RAFAEL
Address 1990 NE 163RD STREET
STE 239
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title AUTHORIZED MEMBER
Name COHEN, NATALIE
Address 1990 NE 163RD STREET
STE 239
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title AUTHORIZED MEMBER
Name COHEN, SAMANTHA
Address 1990 NE 163RD STREET
STE 239
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title AUTHORIZED MEMBER
Name COHEN, VICTOR
Address 1990 NE 163RD STREET
STE 239
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title MGRM
Name COHEN, MICHEL
Address 1990 NE 163RD STREET
STE 239
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title AUTHORIZED MEMBER
Name COHEN, VANESSA
Address 1990 NE 163RD STREET
STE 239
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title AUTHORIZED MEMBER
Name COHEN, ALEXIS
Address 1990 NE 163RD STREET
STE 239
City-State-Zip: NORTH MIAMI BEACH FL 33162

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: RAFAEL COHEN**MANAGER****04/08/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date