

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000184670

**Entity Name:** JSM OSO, LLC

**Current Principal Place of Business:**

5945 NORTH BAYSHORE DRIVE  
MIAMI, FL 33138

**Current Mailing Address:**

P.O. BOX 143256  
CORAL GABLES, FL 33114

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SUAREZ MENENDEZ, JORGE DR  
5945 NORTH BAYSHORE DRIVE  
MIAMI, FL 33138 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  
Name SUAREZ MENENDEZ, JORGE DR  
Address 5945 NORTH BAYSHORE DRIVE  
City-State-Zip: MIAMI FL 33138

*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:** JORGE SUAREZ MENENDEZ

**PRESIDENT**

**04/27/2015**

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

\_\_\_\_\_ Date