

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000067872

**Entity Name:** OSA CAPITAL LLC

**Current Principal Place of Business:**

17780 COLLINS AVENUE  
2ND FLOOR  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

17780 COLLINS AVENUE  
2ND FLOOR  
SUNNY ISLES, FL 33160

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SHMUELI, OREN  
17780 COLLINS AVENUE  
2ND FLOOR  
SUNNY ISLES, FL 33160 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 SHMUELI, OREN  
Address 17780 COLLINS AVENUE, 2ND FLOOR  
City-State-Zip: SUNNY ISLES FL 33160

Title AMBR  
Name ASSIS, MICHAEL J  
Address 10741 CLEARY BLVD UNIT 108  
City-State-Zip: PLANTATION FL 33324

Title AMBR  
Name SHMUELI, FLORENCE  
Address 17780 COLLINS AVENUE, 2ND FLOOR  
City-State-Zip: SUNNY ISLES FL 33160

*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:** OREN SHMUELI

**MGRM**

**04/21/2017**

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

\_\_\_\_\_  
Date