

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000214285

**Entity Name:** OSNE INVESTMENTS, LLC

**Current Principal Place of Business:**

1019 KANE CONCOURSE  
SUITE 200  
BAY HARBOR, FL 33154

**Current Mailing Address:**

1019 KANE CONCOURSE  
SUITE 200  
BAY HARBOR, FL 33154

**FEI Number:** 81-4634136

**Certificate of Status Desired:** No

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

SKLAR, NEAL I ESQ.  
1 SE3RD AVENUE  
SUITE 3100  
MIAMI, FL 33131 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 OSCAR SKLAR, TRUSTEE OF THE OSCAR SKLAR LI  
Address 1019 KANE CONCOURSE, SUITE 200  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title MGR  
Name ANA SKLAR, TRUSTEE OF THE ANA SKLAR LIVING  
Address 1019 KANE CONCOURSE, SUITE 200  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title MGR  
Name SKLAR, NEAL I  
Address 1019 KANE CONCOURSE, SUITE 200  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

*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:** OSCAR SKLAR

**MANAGER**

**01/09/2017**

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

\_\_\_\_\_  
Date