

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000155705

**Entity Name:** OS INSTITUTE LLC

**Current Principal Place of Business:**

7815 SW 97TH PL  
MIAMI, FL 33173

**Current Mailing Address:**

7815 SW 97TH PL  
MIAMI, FL 33173 US

**FEI Number:** 84-2179879

**Certificate of Status Desired:** No

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

CORREA ALVAREZ, J ARMANDO  
7815 SW 97TH PL  
MIAMI, FL 33173 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 AMBR  
Name CORREA ALVAREZ, J ARMANDO  
Address 7815 SW 97TH PL  
City-State-Zip: MIAMI FL 33173

Title AMBR  
Name JAIME BOJORGES, GABRIELA  
Address 7815 SW 97TH PL  
City-State-Zip: MIAMI FL 33173

*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:** GABRIELA JAIME BOJORGES

AMBR

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date