

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000527044

**Entity Name:** OSKAIRE LED LLC

**Current Principal Place of Business:**

1560 SAWGRASS CORPORATE PARKWAY  
4TH FLOOR SUITE #499  
SUNRISE, FL 33323

**Current Mailing Address:**

1560 SAWGRASS CORPORATE PARKWAY  
4TH FLOOR SUITE #499  
SUNRISE, FL 33323 UN

**FEI Number:** 87-3977506

**Certificate of Status Desired:** No

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

ZAMBRANO, BLANCA  
1266 SW 115 WAY  
DAVIE, FL 33325 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 HERNANDEZ VELAZCO, HECTOR JOSE  
Address 1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR  
City-State-Zip: SUNRISE FL 33323

Title AMBR  
Name RODRIGUEZ MACHADO, JULIO ALFREDO  
Address 1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR  
City-State-Zip: SUNRISE FL 33323

Title AMBR  
Name DIAZ BERROTERAN, OSKARLET J  
Address 1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR  
City-State-Zip: SUNRISE FL 33323

*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:** HERNANDEZ VELAZCO HECTOR JOSE

AMBR

03/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date