

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90317 024 ****50.00

DOCUMENT # L00000014377

1. Entity Name
OVERSEAS SERVICES OF AMERICA, LLC



Principal Place of Business
**9B SW 107TH AVE.
MIAMI, FL 33174**

Mailing Address
**9B SW 107TH AVE.
MIAMI, FL 33174**

24014377

2. Principal Place of Business

3. Mailing Address
18560 SW 43rd STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232004 Chg-LLC CR2E083 (10/03)

City & State

City & State
MIRAMAR

4. FEI Number
65-1054167

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KOHLMAN, STEVEN J
17805 SW FIRST STREET
PEMBROKE PINES, FL 33029**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
18560 SW 43RD STREET

City **MIRAMAR** **FL** Zip Code **33029**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME GOMEZ, MAURICIO ☐ Delete
STREET ADDRESS 16150 SW 106 TERR
CITY-ST-ZIP MIAMI, FL 33196

TITLE MGR ☒ Change ☐ Addition
NAME GOMEZ, MAURICIO
STREET ADDRESS 19516 SW 43TH COURT
CITY-ST-ZIP MIRAMAR, FL 33029

TITLE MGR ☐ Delete
NAME KOHLMAN, MICHELE
STREET ADDRESS 17805 SW FIRST STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE MGR ☒ Change ☐ Addition
NAME KOHLMAN, MICHELE
STREET ADDRESS 18560 SW 43RD STREET
CITY-ST-ZIP MIRAMAR, FL 33029

TITLE MGR ☐ Delete
NAME KOHLMAN, STEVEN
STREET ADDRESS 17805 SW FIRST STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE MGR ☒ Change ☐ Addition
NAME KOHLMAN, STEVEN
STREET ADDRESS 18560 SW 43RD STREET
CITY-ST-ZIP MIRAMAR, FL 33029

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/23/2004

Date

(305)551-0400

Daytime Phone #