

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90400 034 ***138.75

DOCUMENT # L00000014377

1. Entity Name
OVERSEAS SERVICES OF AMERICA, LLC



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

Mailing Address
**18560 SW 43RD ST.
MIRAMAR, FL 33029**



02152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1054167

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KOHLMAN, STEVEN J
18560 SW 43RD ST
PEMBROKE PINES, FL 33029**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GOMEZ, MAURICIO
STREET ADDRESS	19516 SW 43RD ST
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	MGR
NAME	KOHLMAN, MICHELE
STREET ADDRESS	18560 SW 43RD ST.
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	MGR
NAME	KOHLMAN, STEVEN
STREET ADDRESS	18560 SW 43RD ST.
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Steven J. Kohlman

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

2.27.08

Date

(305) 551-0400

Daytime Phone #