

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000000105

Entity Name
OS VENTURES, LLC



Principal Place of Business
**221 HENDRY CREEK DRIVE
FORT MYERS, FL 33908**

Mailing Address
**7221 HENDRY CREEK DRIVE
FORT MYERS, FL 33908**



01092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0500443

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANFORD, RONALD
221 HENDRY CREEK DR
FORT MYERS, FL 33908**

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IN THIS SPACE**

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 restate)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

MANAGING MEMBERS/MANAGERS

NAME	MGR
NAME	SANFORD, RON
STREET ADDRESS	7221 HENDRY CREEK DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33908
NAME	S
NAME	SANFORD, DEBRA
STREET ADDRESS	7221 HENDRY CREEK DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33908
NAME	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

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

Ronald Sanford 1/10/06 239 936-8311

Date

Daytime Phone #