2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000060433

1. Entity Name
O & S HOLDINGS, LLC

Principal Place of Business	Mailing Address
P. O. BOX 7266 LAKELAND, FL 33807	PO BOX 7266 LAKELAND, FL 33807

02212008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1495012
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LASMAN, JEFFREY M
C/O LASMAN LAW FIRM, P.A.
115 PROVIDENCE ROAD
BRANDON, FL

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000837470
03/04/08-80058-019 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	OLIVERA, FELIPE L
STREET ADDRESS	P O BOX 7266
CITY-ST-ZIP	LAKELAND, FL 338077266
TITLE	MGRM
NAME	OLIVERA, MAGDALINE M
STREET ADDRESS	P O BOX 7266
CITY-ST-ZIP	LAKELAND, FL 338077266
TITLE	MGRM
NAME	STANGL, ALEJANDRO R
STREET ADDRESS	P O BOX 7266
CITY-ST-ZIP	LAKELAND, FL 338077266
TITLE	MGRM
NAME	STANGL, ALICIA E
STREET ADDRESS	PO BOX 7266
CITY-ST-ZIP	LAKELAND, FL 338077266
TITLE	MGRM
NAME	OLIVERA, FELIPE J
STREET ADDRESS	PO BOX 7266
CITY-ST-ZIP	LAKELAND, FL 338077266
TITLE	MGRM
NAME	OLIVERA, ALICIA M
STREET ADDRESS	PO BOX 7266
CITY-ST-ZIP	LAKELAND, FL 338077266

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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: Alicia Stangl 2/21/08 863-644-7844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #