2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000088785

1. Entity Name
O.S. GROUP, LLC

Principal Place of Business	Mailing Address
1411 MOYLAN ROAD PANAMA CITY BEACH FL 32407	1411 MOYLAN ROAD PANAMA CITY BEACH FL 32407

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number 20-1977417 ☐ Applied Fo ☐ Not Applic

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

6. Name and Address of Current Registered Agent

QUAVE, GERALD J JR.
1411 MOYLAN ROAD
PANAMA CITY BEACH FL 32407

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 acc 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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUAVE, GERALD J JR. 1411 MOYLAN ROAD PANAMA CITY BEACH FL 32407	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000550439 05/13/06-80060-012 50.00	☐ Change ☐ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, SIDNEY L III 6708 SUNSET AVENUE PANAMA CITY BEACH FL 32408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informat 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] - Gerald J. Quave Jr. MGRM 4/27/06 850-235-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #