

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000000853**

1. Entity Name  
**OSD HORISING, L.L.C.**



Principal Place of Business  
**2655 LEJEUNE ROAD, PH II-C  
CORAL GABLES, FL 33134**

Mailing Address  
**2655 LEJEUNE ROAD, PH II-C  
CORAL GABLES, FL 33134**



01042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2497410**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SOTO, OSVALDO N  
2655 LEJEUNE ROAD, PH II-C  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity hereby certifies that it is not changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation:

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent

☐ Not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

000000807144  
02/06/08-80065-025 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
SOTO, OSVALDO N  
2655 LEJEUNE ROAD, PH II-C  
CORAL GABLES, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
SOTO, EDUARDO R  
2655 LEJEUNE ROAD, PH II-C  
CORAL GABLES, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:**

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

Date

Daytime Phone #

1/23/08

3/567-0010