

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000018251

Entity Name: OSP ENTERPRISES, LLC

**FILED**  
**Mar 16, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

470 COLUMBIA DR  
STE 102A  
WEST PALM BEACH, FL 33409

## **Current Mailing Address:**

470 COLUMBIA DR  
STE 102-A  
WEST PALM BEACH, FL 33409

## **New Principal Place of Business:**

4475 MEDICAL CENTER WAY  
STE 1  
WEST PALM BEACH, FL 33407

## **New Mailing Address:**

4475 MEDICAL CENTER WAY  
STE 1  
WEST PALM BEACH, FL 33407

FEI Number: 33-1112558

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

KATZ, MARTIN V  
625 N. FLAGLER DRIVE, 9TH FLOOR  
WEST PALM BEACH, FL 33401 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SOKOLOFF, DANIEL O  
Address: 470 COLUMBIA DR, STE 102A  
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL O SOKOLOFF

MGRM

03/16/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date