

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093287

FILED  
Mar 18, 2008  
Secretary of State

Entity Name: OSAMIGOS, LLC

**Current Principal Place of Business:**

3105 NW 38TH ST.  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

3105 NW 38TH ST.  
GAINESVILLE, FL 32606

**New Mailing Address:**

FEI Number: 55-0915699

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KRAGIEL, LUCIAN  
3105 NW 38TH ST.  
GAINESVILLE, FL 32606 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 ( ) Delete  
Name: WILKINS, LAURIE  
Address: 828 NW 21 AVE.  
City-St-Zip: GAINESVILLE, FL 32609

Title: MGRM ( ) Delete  
Name: MCGRATH, VICKI  
Address: 2116 SW 70 TER.  
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM ( ) Delete  
Name: KRAGIEL, SUZANNE  
Address: 3105 NW 38TH ST.  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LUCIAN KRAGIELL

MGRM

03/18/2008

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