


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 15, 2008 8:00 am**  
**Secretary of State**

08-15-2008 90025 011 \*\*\*138.75

|  |  |   |  |
|--|--|---|--|
| <b>DOCUMENT # L06000095510</b><br>1. Entity Name<br>OSCAR MUEBLES LLC  |  |    |  |
| Principal Place of Business<br>8040 HAMPTON BLVD.<br>#512<br>NORTH LAUDERDALE, FL 33068  |  | Mailing Address<br>8040 HAMPTON BLVD.<br>#512<br>NORTH LAUDERDALE, FL 33068   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>3446-3448 NE 22ND AVE</b><br>Suite, Apt. #, etc.<br><b>Bldg 43 E44</b>  |  | 3. Mailing Address<br><b>6006 NW 68 AVE</b><br>Suite, Apt. #, etc.  |  |
| City & State<br><b>OAKLAND PARK FL</b>   |  | City & State<br><b>TAMARAC FL</b>   |  |
| Zip<br><b>33334</b>  | Country<br><b>USA</b>  | Zip<br><b>33321</b>   | Country<br><b>USA</b>  |
| 6. Name and Address of Current Registered Agent<br><br><b>SANCHEZ, MARCO E</b><br><b>8040 HAMPTON BLVD.</b><br><b>#512</b><br><b>NORTH LAUDERDALE, FL 33068</b>  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>Due by September 12, 2008</b>   |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.  |  |
| <b>Make check payable to Florida Department of State</b>   |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  | <b>10. ADDITIONS/CHANGES</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>SANCHEZ, MARCO E<br>8040 HAMPTON BLVD., #512<br>N LAUDERDALE, FL 33068 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>SANCHEZ, MARCO E.<br>6006 NW 68 AVE<br>TAMARAC, FL 33321             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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. |  |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  | Date <b>8/15/08</b> <span style="float: right;">(954) 650-9938</span>   |  |

**50009518**



05102008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-5628963  
Applied For  
Not Applicable

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