## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 03, 2008 8:00 am Secretary of State 01-17-2008 90054 012 \*\*\*138.75

DOCUMENT # L0700009920  1. Entity Name OAC GROUP, LLC					ં રા	Maaaa		
Principal Place of Business 12540 SW 130 ST 3		Mailing Address 12540 SW 130 ST 3						
MIAMI, FL 33186 US		MIAMI, FL 33186 US				In <b>ac</b> re form <b>ac</b> rit <b>co</b> n <b>ac</b> rit <b>eo</b> k	A <b>es</b> ile iuru irige kor si	PROGRAMA TORAN
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01162008	Chg-LLC C	CR2E083 (12/06)		
City & State		City & State			4. FEI Numb	-8333751	N	oplied For ot Applicable
	Country	_Zip	Coun	lry			\$5.00 Add	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
CRUZ, OSVALDO 12540 SW 130 ST 3				Street Address (F	P.O. Box Numb	per is Not Acceptable)		
MIAMI, FL 33186			i	City			☐ Zip Cod	
	named entity submits this statement to	r the purpose of changing its	registere		ed agent, or b	oth, in the State of Florida	FL	
the obligations of registered agent.  SIGNATURE								
Signsture, hipsed or printed name of registered against and tide if applicable (NOTE: Registered Agent signature required when remassing) (DATE:								
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							eck payable to partment of Stat	•
9.	MANAGING MEMBE	<del></del>	10.	·		ADDITIONS/CHA		
TITLE NAME	CRUZ, ORLANDO SR	☐ Delete	HAME				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	12540 SW 130 ST, #3 MIAMI, FL 33186			ET ADORESS - SI - ZIP				
TITLE NAME	MGR CRUZ, OSVALDO	☐ Delete	TATLE				Change	Addition
STREET ADDRESS	12540 SW 130 ST, #3		STREE	ET ADORESS				
CITY-ST-ZIP	MIAMI, FL 33186		-	-ST-20P			<u> </u>	
TITLE NAME		☐ Delei≥	TITLE	- N			Change	Addition
STREET ADDRESS CITY-ST-ZIP		-		ET ADDRESS -SI-ZIP		- · <del></del>		
TITLE		Delete	THE				- Change	Addition
STREET ADDRESS CITY-ST-ZIP				EI ADDRESS -SI-ZIP				
TITLE .		☐ Delete	TITLE	l l			☐ Change	Addition
NAME GIREET ADDRESS CITY-ST-ZIP				EI ADDRESS -SI-ZIP				
រូវាម		☐ Delete	IIILE				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	<b>9</b> ]			ET ADDRESS				
11. I hereby certify that the information supplied with this filling 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 empoweres to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: 2/28/08 3052566655								
J. J	SIGNATURE AND TY EO ON MUNTED HAME OF	TIGHING MATACING MEMBER, MAN	AGER, OR	AUTHORIZED REPRESEN	TATIVE	Data	Daysme Phone •	