

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009920

FILED
Apr 14, 2009
Secretary of State

Entity Name: OAC GROUP, LLC

Current Principal Place of Business:

12540 SW 130 ST
3
MIAMI, FL 33186 US

New Principal Place of Business:

12540 SW 130 ST
2-3
MIAMI, FL 33186 US

Current Mailing Address:

12540 SW 130 ST
3
MIAMI, FL 33186 US

New Mailing Address:

12540 SW 130 ST
2-3
MIAMI, FL 33186 US

FEI Number: 20-8333751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, OSVALDO
12540 SW 130 ST
3
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

CRUZ, OSVALDO
12540 SW 130 ST
2-3
MIAMI, FL 33186 US

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: OSVALDO CRUZ

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CRUZ, ORLANDO SR
Address: 12540 SW 130 ST, #3
City-St-Zip: MIAMI, FL 33186 US

Title: MGR () Delete
Name: CRUZ, OSVALDO
Address: 12540 SW 130 ST, #3
City-St-Zip: MIAMI, FL 33186 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CRUZ, ORLANDO SR
Address: 12540 SW 130 ST, #2-3
City-St-Zip: MIAMI, FL 33186 US

Title: MGR (X) Change () Addition
Name: CRUZ, OSVALDO
Address: 12540 SW 130 ST, #2-3
City-St-Zip: MIAMI, FL 33186 US

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: ORLANDO CRUZ, SR

MGR

04/14/2009

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