

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90019 049 ***138.75

DOCUMENT # L07000040555

1. Entity Name

OSCO LLC



Principal Place of Business

1408 OLD HARBOR BLVD.
SUITE 102
LEESBURG FL 34748

Mailing Address

1408 OLD HARBOR BLVD.
SUITE 102
LEESBURG FL 34748



2. Principal Place of Business - No P.O. Box #

844 Park Valley Circle

Suite, Apt. #, etc.

3. Mailing Address

844 Park Valley Circle

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Minneola

Zip
34715

Country

hake

City & State

Minneola

Zip
34715

Country

hake.

4. FEI Number

14-1995738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CILLIERS, OCKERT C
1408 OLD HARBOR BLVD.
SUITE 102
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CILLIERS, OCKERT C
1408 OLD HARBOR BLVD., SUITE 102
LEESBURG FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JANSEVANRENSBURG, SAMANTHA
1408 OLD HARBOR BLVD., SUITE 102
LEESBURG FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Rensburg

S. Jansse van Rensburg

04/27/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #