

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117506

Entity Name: OXYGEN LLC

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

128 DUVAL ST
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

C/O HARPER BUSINESS SERVICES INC
PO BOX 4911
KEY WEST, FL 330414911 US

New Mailing Address:

FEI Number: 26-1454366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARPER BUSINESS SERVICES INC
323 FLEMING ST
UPSTAIRS
KEY WEST, FL 33040 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: ABENHAIM, ILAN
Address: 643 LINCOLN RD
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM () Delete
Name: AMAR, OLIVER
Address: 326B DUVAL ST
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM (X) Delete
Name: CUTLER, HARLEY
Address: PO BOX 1636
City-St-Zip: KEY WEST, FL 330411636 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AMAR, OLIVER
Address: 326B DUVAL ST
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM (X) Change () Addition
Name: CUTLER, HARLEY
Address: PO BOX 1636
City-St-Zip: KEY WEST, FL 330411636 US

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: OLIVER AMAR

MGRM

03/23/2009

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