

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

FILED

**Jun 30, 2008 8:00 am
Secretary of State**

DOCUMENT # L07000124598

1. Entity Name

OSGOOD INVESTMENTS, LLC.



04-11-2008 90177 046 ***138.75

06-30-2008 90078 010 ***400.00

Principal Place of Business
329 LUTHER FOUNTAIN RD.
MONTICELLO FL 32344
US

Mailing Address
329 LUTHER FOUNTAIN RD.
MONTICELLO FL 32344
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

46-0512097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSGOOD, CHARLES
329 LUTHER FOUNTAIN RD
MONTICELLO FL 32344

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, the registered agent.

SIGNATURE

Charles R. Osgood

(NOTE: Registered Agent's signature required if when registering)

3/31/2008
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

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME OSGOOD, CHARLES
STREET ADDRESS 329 LUTHER FOUNTAIN RD.
CITY-STATE-ZIP MONTICELLO FL 32344

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE MGRM ☐ Delete
NAME OSGOOD, TAMMIE
STREET ADDRESS 329 LUTHER FOUNTAIN RD.
CITY-STATE-ZIP MONTICELLO FL 32344

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE MGR ☐ Delete
NAME OSGOOD, Charles Michael
STREET ADDRESS 7270 NW 5th
CITY-STATE-ZIP PLANTATION, FL 33313

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

Charles R. Osgood

03/31/2008

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

Doc

Initial Price