

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000088378

Entity Name: OSMIUM, LLC

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

16300 NE 19TH AVENUE, STE. 213  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

16300 NE 19TH AVENUE, STE. 213  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 27-0930062

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COHEN, RAFAEL  
16300 NE 19TH AVENUE, STE. 213  
NORTH MIAMI BEACH, FL 33162 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  
Name: COHEN, RAFAEL  
Address: 16300 NE 19TH AVENUE, STE. 213  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM  
Name: COHEN, MICHEL  
Address: 16300 NE 19TH AVENUE, STE. 213  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby 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: RAFAEL COHEN

MGR

02/02/2010

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