

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000019617

Entity Name: OGE 4X4 LLC

**FILED**  
**May 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3748 FALCON RIDGE CIR  
WESTON, FL 33331

**New Principal Place of Business:**

4650 SW 51 STREET  
UNIT # 712  
DAVIE, FL 33314

**Current Mailing Address:**

3748 FALCON RIDGE CIR  
WESTON, FL 33331

**New Mailing Address:**

4650 SW 51 STREET  
UNIT # 712  
DAVIE, FL 33314

FEI Number: 27-4974668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VASSALLO, LUIS  
3748 FALCON RIDGE CIR  
WESTON, FL 33331 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: MGR  
Name: VASSALLO, LUIS A  
Address: 3748 FALCON RIDGE CIR  
City-St-Zip: WESTON, FL 33331

Title: MGR  
Name: LIZARRALDE, JUAN C  
Address: 1332 SEAGRAPE CIR  
City-St-Zip: WESTON, FL 33326

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: LUIS VASSALLO

MR

05/24/2012

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