

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90029 001 ****50.00

DOCUMENT # L99000006233

1. Entity Name
OLSS L.L.C.



Principal Place of Business
**1711 6TH AVENUE SOUTH
LAKE WORTH FL 33460**

Mailing Address
**1711 6TH AVENUE SOUTH
LAKE WORTH FL 33460**

30041600



2. Principal Place of Business

3. Mailing Address

7491 W OAKLAND PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State
LAUDERHILL, FLORIDA

4. FEI Number **65-0964222**

Applied For

Not Applicable

Zip

Country

Zip
33319

Country
USA

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

**SCHEINER, ELIEZER
1711 6TH AVENUE SOUTH
LAKE WORTH FL 33460**

Name
ELIEZER SCHEINER

Street Address (P.O. Box Number is Not Acceptable)
7491 W OAKLAND PARK BLVD

City **LAUDERHILL**

FL

Zip Code
33319

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 reinstating)

3/5/03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **SCHEINER, ELIEZER**
STREET ADDRESS **1711 6TH AVENUE SOUTH**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **ELIEZER SCHEINER** ☒ Change ☐ Addition
NAME **7491 W OAKLAND PARK BLVD**
STREET ADDRESS **LAUDERHILL, FL 33319**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

3/5/03

954-578-1946

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

Date

Daytime Phone #

CR2E083 (10/02)