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OES-NA, LLC-C Curry

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

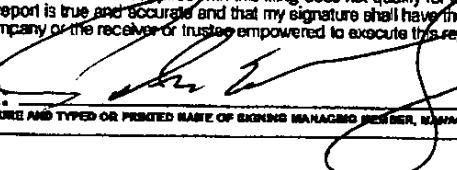
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Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90233 013 ***143.75

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03192008 Chg-LLC CR2E083 (12/06)

DOCUMENT # M07000001319			
1. Entity Name OES-NA, LLC			
Principal Place of Business 5740 S. SEMORAN BLVD. AIRPORT BUSINESS CENTER ORLANDO, FL 32822		Mailing Address 5740 S. SEMORAN BLVD. AIRPORT BUSINESS CENTER ORLANDO, FL 32822	
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
4. FEI Number 20-2131267		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EVERLY, PATRICK M SR 13157 LAKESHORE GROVE DRIVE WINTER GARDEN, FL 34787		7. Name and Address of New Registered Agent 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 registered agent. NA SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retitling.)			
FILE NOW! FEE IS \$143.75 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR, EVERLY, PATRICK 26 S. OLD BALTIMORE PIKE, LAFAYETTE I, CHRISTIANA, DE 19702 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, EVERLY, PATRICK 5740 S. SEMORAN BLVD., AIRPORT BUSINESS CENTER ORLANDO, FL 32822 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, CURRY, CATHERINE 26 S. OLD BALTIMORE PIKE, LAFAYETTE I, CHRISTIANA, DE 19702 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, CURRY, CATHERINE 125 HOMENODO ROAD WILMINGTON, DE 19803 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		Patrick M. Everly, Sr. 3/11/2008 407-381-2223	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	