2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# M07000001319

Entity Name: OES-NA, LLC

Current Principal Place of Business:

5740 S. SEMORAN BLVD.
AIRPORT BUSINESS CENTER
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

5740 S. SEMORAN BLVD.
AIRPORT BUSINESS CENTER
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 20-2131267 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

EVERLY, PATRICK M SR
13157 LAKESHORE GROVE DRIVE
WINTER GARDEN, FL 34787 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 ( ) Delete
Name: EVERLY, PATRICK
Address: 5740 S SEMORIAN BLVD AIRPORT BUS. CTR
City-St-Zip: ORLANDO, FL 32822

Title: MGR ( ) Delete
Name: CURRY, CATHERINE
Address: 125 HOMEMODO RD
City-St-Zip: WILMINGTON, DE 19803

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: CURRY, CATHERINE
Address: 125 HOMEWOOD RD
City-St-Zip: WILMINGTON, DE 19803

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CATHERINE CURRY MGR 06/22/2009

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