

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000349

Entity Name: OS, LLC

FILED
Feb 09, 2009
Secretary of State

Current Principal Place of Business:

1350 E. NEWPORT CENTER DRIVE, SUITE 206
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4219
DEERFIELD BEACH, FL 334424219

New Mailing Address:

FEI Number: 65-0767917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KAY LAW OFFICES
%JAMES R. KAY, ESQUIRE
700 VILLAGE SQUARE CROSSING, STE 102B
PALM BEACH GARDENS, FL 33410 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: REIBLING, LORENZ
Address: 1350 E. NEWPORT CENTER DRIVE, SUITE 206
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGR () Delete
Name: REIBLING, GUENTHER
Address: 1350 E. NEWPORT CENTER DRIVE, SUITE 206
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGR () Delete
Name: KASSOF, LINDA
Address: 1350 E. NEWPORT CENTER DRIVE, SUITE 206
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES:

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

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

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

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: LINDA G. KASSOF

MGR

02/09/2009

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