## **2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000094188

Entity Name: OSNOF, LLC

5867 SE AVALON DRIVE

**Current Principal Place of Business:** 

STUART, FL 34997

**Current Mailing Address:** 

P.O. BOX 773

PORT SALERNO. FL 34992

FEI Number: 45-3012822 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HALL-WILEY, MARY 5867 SE AVALON DRIVE STUART, FL 34997 US

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: MARY HALL-WILEY 01/31/2021

Electronic Signature of Registered Agent

Date

**FILED** Jan 31, 2021

**Secretary of State** 

7327668206CR

Authorized Person(s) Detail:

Title MGRM Title **MGRM** 

HALL-WILEY, MARY Name Name WILEY, LOYAL CJR. 5867 SE AVALON DRIVE Address 5867 SE AVALON DRIVE Address

City-State-Zip: STUART FL 34997 STUART FL 34997 City-State-Zip:

Title **MGRM** 

WILEY, ALPHONSO C Name Address 5867 SE AVALON DRIVE STUART FL 34997 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY HALL-WILEY

Electronic Signature of Signing Authorized Person(s) Detail

**CEO** 

01/31/2021