

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000163850

**Entity Name:** OSLI SOLUTIONS, LLC

**Current Principal Place of Business:**

11449 NW 34TH STREET  
DORAL, FL 33178

**Current Mailing Address:**

11449 NW 34TH STREET  
DORAL, FL 33178

**FEI Number:** 46-4195401

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LIGIA J. DE ABREU DE SOUSA  
11449 NW 34TH STREET  
DORAL, FL 33178 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LIGIA J DE ABREU DE SOUSA  
Address 11449 NW 34TH STREET  
City-State-Zip: DORAL FL 33178

Title MGRM  
Name PINERO, OSWALDO R  
Address 11449 NW 34TH STREET  
City-State-Zip: DORAL FL 33178

*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:** OSWALDO PINERO

**MANAGER**

**01/03/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date