

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000004860

**Entity Name:** OSC CONSULTING, LLC

**Current Principal Place of Business:**

17780 COLLINS AVE. 2ND FLOOR  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

17780 COLLINS AVE. 2ND FLOOR  
SUNNY ISLES, FL 33160

**FEI Number:** 46-4723660

**Certificate of Status Desired:** No

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

SHMUELI, OREN  
17780 COLLINS AVE. 2ND FLOOR  
SUNNY ISLES, FL 33160 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 SHMUELI, OREN  
Address 3600 MYSTIC POINTE DR. APT 808  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name HO, CARRIE  
Address 3600 MYSTIC POINTE DR. APT 808  
City-State-Zip: AVENTURA FL 33180

*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:** OREN SHMUELI

MGRM

04/08/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date