#### 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000116433

Entity Name: OSHERPA LLC

**FILED** Feb 28, 2015 **Secretary of State** CC4480177619

# **Current Principal Place of Business:**

9195 COLLINS AVE **APT 410** MIAMI, FL 33154

# **Current Mailing Address:**

9195 COLLINS AVE **APT 410** MIAMI, FL 33154 UN

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

DE SALES, PABLO M 9195 COLLINS AVE **APT 410** MIAMI, FL 33154 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 MGR Title **AMBR** 

DE SALES, PABLO M Name Name ROJAS, ANDREINA M

9195 COLLINS AVE, APT 410 9195 COLLINS AVE, APT 410 Address Address

City-State-Zip: MIAMI FL 33154 City-State-Zip: MIAMI FL 33154

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.

Electronic Signature of Signing Authorized Person(s) Detail