

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000002784

**Entity Name:** OSO FLEET, LLC

**Current Principal Place of Business:**

320 1ST STREET NORTH  
SUITE 715  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

320 1ST STREET NORTH  
SUITE 715  
JACKSONVILLE BEACH, FL 32250 US

**FEI Number:** 85-4122777

**Certificate of Status Desired:** No

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

ROFFINO, MICHAEL ANTHONY  
320 1ST STREET NORTH  
SUITE 715  
JACKSONVILLE BEACH, FL 32250 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  
Name ECKSTEIN, JOHN PAUL  
Address 2660 WEST PARK DR. SUITE 2  
City-State-Zip: PADUCAH KY 42001

Title LC  
Name MILLER, BOBBY  
Address 2660 WEST PARK DR. SUITE 2  
City-State-Zip: PADUCAH KY 42001

Title AP  
Name ROFFINO, MICHAEL ANTHONY  
Address 320 1ST STREET NORTH, SUITE 715  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** BOBBY R. MILLER, JR.

**AUTHORIZED  
REPRESENTATIVE**

**04/14/2022**

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

\_\_\_\_\_  
Date