## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L06000051088** 08 JAN -7 PM 12: 57 1. Entity Name OSKÓ, LLC TALLAHALUCE I LORIDA Principal Place of Business Mailing Address 826 INDIAN BEACH ROAD 826 INDIAN BEACH ROAD SARASOTA, FL 34234 US SARASOTA, FL 34234 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 12272007 **REIN-LLC** CR2E101 (1/07) City & State Applied For City & State 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional  $\square$ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nаme JUDD, STEVEN H ESQ. Street Address (P.O. Box Number is Not Acceptable) 2940 SOUTH TAMIAMI TRAIL SARASOTA, FL 34239 Zip Code City FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tise if applicable. DATE (NOTE: Registered Agent eigneture required when rel Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. FILE NOW!!! FEE IS \$50.00 Florida Department of State After January 1, 2008, Fee will be \$100.00 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TIDE. 300113517879 Addition ПП₽ ☐ Delete NAME SARASOTA CAFE, INC. NAME \*\*50.00 12/31/07--01024--006 STREET ADDRESS 826 INDIAN BEACH ROAD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34234 CITY-ST-7IP TITLE MGRM Delete TITLE ☐ Change ☐ Addition GIGUERE, MANON NAME NAME STREET ADDRESS 826 INDIAN BEACH ROAD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34234 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-S1-792 CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS EINSTATEMEN' CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete STREET ADDRESS CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 of trustee componered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE