

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M06000007120

Entity Name: OIGANLADLE LLC

**FILED**  
**Nov 05, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

C/O A. MILLMAN AT THE SAVOY APT. #507  
4041 GULF SHORE BLVD. NORTH  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

C/O A. MILLMAN AT THE SAVOY APT. #507  
4041 GULF SHORE BLVD. NORTH  
NAPLES, FL 34103

**New Mailing Address:**

FEI Number: 20-5965483      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MILLMAN, A  
SAVOY CONDO APT. #507  
4041 GULF SHORE BLVD  
NAPLES, FL 34103 US

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

RUSO, JOHN  
SAVOY CONDO APT. #507  
4041 GULF SHORE BLVD  
NAPLES, FL 34103 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: JOHN RUSSO

11/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MILLMAN, A.  
Address: 345 EAST 37TH STREET  
City-St-Zip: NEW YORK, NY 10016

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RUSSO, JOHN  
Address: 345 EAST 37TH STREET  
City-St-Zip: NEW YORK, NY 10016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOHN RUSSO

MR

11/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date