

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000064034

FILED
Jun 15, 2009
Secretary of State

Entity Name: OAIG, LLC

Current Principal Place of Business:

5703 RED BUG LAKE RD.
PMB 120
WINTER SPRINGS, FLORIDA, 32708 US

New Principal Place of Business:

5765 GREAT EGRET DR
SANFORD, FL 32773 US

Current Mailing Address:

5703 RED BUG LAKE RD.
PMB 120
WINTER SPRINGS, FLORIDA, 32708 US

New Mailing Address:

5703 RED BUG LAKE RD.
#507
WINTER SPRINGS, FLORIDA, FL 32708

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
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:

HARGETT, CHARLES L
5765 GREAT EGRET DR
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GALLUZZO, DAVID M
Address: 11804 RUNNING BEAR LN
City-St-Zip: LITHIA, FL 33547 US

Title: MGRM () Delete
Name: HARGETT, CHARLES L
Address: 5765 GREAT EGRET DR
City-St-Zip: SANFORD, FL 32773 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES HARGETT

MGR

06/15/2009

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