

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000055

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: AMOCAL, L.C.

**Current Principal Place of Business:**

7733 WEST NEWBERRY RD  
SUITE B-2  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

7733 WEST NEWBERRY RD  
SUITE B-2  
GAINESVILLE, FL 32606

**New Mailing Address:**

FEI Number: 59-3505742      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ROUSSEAU, TODD MGM  
7733 W NEWBERRY RD  
SUITE B-2  
GAINESVILLE, FL 32606 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: MGR ( ) Delete  
Name: ORANGE STATE OIL COM, PANY  
Address: 7733 W. NEWBERRY RD. SUITE B2  
City-St-Zip: GAINESVILLE, FL 32606

Title: MGR ( ) Delete  
Name: ROUSSEAU ENTERPRISES,  
Address: 7733 W. NEWBERRY RD. SUITE B2  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: LE STORE, L.L.C.,  
Address: 7733 W. NEWBERRY RD. SUITE B2  
City-St-Zip: GAINESVILLE, FL 32607

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: TODD Y ROUSSEAU      MGR      04/30/2008

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