

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M94000000103

Entity Name: AOC, LLC

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

950 HIGHWAY 57 EAST  
COLLIERVILLE, TN 38017

**New Principal Place of Business:**

**Current Mailing Address:**

950 HIGHWAY 57 EAST  
COLLIERVILLE, TN 38017

**New Mailing Address:**

FEI Number: 62-1576207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name: THE ALPHA CORPORATION OF TENNESSEE  
Address: 175 COMMERCE ROAD, 2ND FLOOR  
City-St-Zip: COLLIERVILLE, TN 38017

Title: MGR  
Name: NORMAN, FREDERICK S  
Address: 950 HIGHWAY 57 EAST  
City-St-Zip: COLLIERVILLE, TN 38017

Title: MGR  
Name: WATKINS, MATTHEW M  
Address: 950 HIGHWAY 57 EAST  
City-St-Zip: COLLIERVILLE, TN 38017

Title: MGR  
Name: WEGHORST, RANDALL A  
Address: 950 HIGHWAY 57 EAST  
City-St-Zip: COLLIERVILLE, TN 38017

I hereby 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: STEVEN L JAMESON

SMTS

01/07/2010

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