

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L00000000126

Entity Name: AO2K, LLC

FILED
Sep 05, 2008
Secretary of State

Current Principal Place of Business:

306 GOLDEN GATE POINT
APT 5
SARASOTA, FL 34236

New Principal Place of Business:

610 GARRISON COVE LANE
TAMPA, FL 33602

Current Mailing Address:

306 GOLDEN GATE POINT
APT 5
SARASOTA, FL 34236

New Mailing Address:

610 GARRISON COVE LANE
TAMPA, FL 33602

FEI Number: 59-3637655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, WILLIAM J III
423 BURNS COURT
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

ORTEGA, REY M
610 GARRISON COVE LANE
TAMPA, FL 33602 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: REY ORTEGA

09/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ADAMS, MICHAEL L
Address: 306 GOLDEN GATE POINT APT 5
City-St-Zip: SARASOTA, FL 34236

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ORTEGA, REY M
Address: 610 GARRISON COVE LANE
City-St-Zip: TAMPA, FL 33602

Title: MEMB () Change (X) Addition
Name: ADAMS, MICHAEL L
Address: 306 GOLDEN GATE POINT APT 5
City-St-Zip: SARASOTA, FL 34236

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: REY ORTEGA

MGRM

09/05/2008

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