

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000001718

1. Entity Name
OAK ASSOCIATES, L.L.C.



FILED

07 SEP 13 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06262007 Chg-LLC CR2E083 (12/06)

Principal Place of Business
249 JOHN KNOX RD
SUITE 100
TALLAHASSEE, FL 32303

Mailing Address
3491-11 THOMASVILLE RD., STE. 222
TALLAHASSEE, FL 32309

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number
59-3625161

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'LEARY, PATRICK G
3491-11 THOMASVILLE RD., STE. 222
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME O'LEARY, PATRICK G
STREET ADDRESS 3491-11 THOMASVILLE RD., STE. 222
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

800109596198
09/18/07--01067--025 **\$5.00

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Patrick G. O'Leary, Mgr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/23/07 850/386-8500
Date Daytime Phone #

9/13/07