

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90054 013 ****50.00

DOCUMENT # L01000014892

1. Entity Name
INOC, LLC



Principal Place of Business
2008 RIVERSIDE AVENUE
SUITE 200
JACKSONVILLE, FL 32204

Mailing Address
2008 RIVERSIDE AVENUE
SUITE 200
JACKSONVILLE, FL 32204

20040214



04282006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3754560

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AUSTIN, RONALD R ESQUIRE
1400 PRUDENTIAL DRIVE
1
JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
SPENCER, CHARLES
590 QUEENS HARBOR BLVD
JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SAMPSON, JAMES
4835 SOUTZI AVE
JACKSONVILLE, FL 32208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TRES
JONES, CARLTON
2008 AVERSIDE AVE, STE 200
JACKSONVILLE, FL 32204

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/28/06