


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90032 003 \*\*\*138.75

**DOCUMENT # L01000014892**

1. Entity Name  
 INOC, LLC



60038898

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

Mailing Address: 2008 RIVERSIDE AVENUE SUITE 200 JACKSONVILLE, FL 32204

2. Principal Place of Business - No P.O. Box #: 1732 Margaret St. Suite, Apt. #, etc.

3. Mailing Address: 1732 Margaret St. Suite, Apt. #, etc.

City & State: Jacksonville, FL

City & State: Jacksonville, FL

Zip: 32204 Country: USA

Zip: 32204 Country: USA



04212008 Chg-LLC CR2E083 (12/06)

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

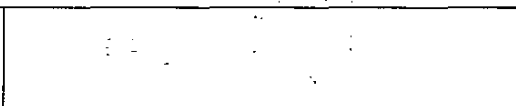
7. Name and Address of New Registered Agent

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**



Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	PRES	<input type="checkbox"/> Delete
NAME	SPENCER, CHARLES	
STREET ADDRESS	590 QUEENS HARBOR BLVD	
CITY - ST - ZIP	JACKSONVILLE, FL 32225	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SAMPSON, JAMES	
STREET ADDRESS	4835 SOUTZI AVE	
CITY - ST - ZIP	JACKSONVILLE, FL 32208	
TITLE	TRES.	<input type="checkbox"/> Delete
NAME	JONES, CARLTON	
STREET ADDRESS	2008 AVERSIDE AVE, STE 200	
CITY - ST - ZIP	JACKSONVILLE, FL 32204	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1732 Margaret St.	
CITY - ST - ZIP	Jacksonville, FL 32204	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: \_\_\_\_\_ Date: 4/22/08 Daytime Phone #: 904-764-7748