

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014892

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: INOC, LLC

**Current Principal Place of Business:**

1732 MARGARET ST  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

1732 MARGARET ST  
JACKSONVILLE, FL 32204

**New Mailing Address:**

FEI Number: 59-3754560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AUSTIN, RONALD R ESQUIRE  
1400 PRUDENTIAL DRIVE  
1  
JACKSONVILLE, FL 32207 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: PRES ( ) Delete  
Name: SPENCER, CHARLES  
Address: 590 QUEENS HARBOR BLVD  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP ( ) Delete  
Name: SAMPSON, JAMES  
Address: 4835 SOUTZI AVE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: TS ( ) Delete  
Name: JONES, CARLTON  
Address: 1732 MARGARET ST  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CARLTON D. JONES

TS

04/08/2009

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