

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034278

Entity Name: MHOC, LLC

FILED
Apr 08, 2008
Secretary of State

Current Principal Place of Business:

10100-B AILERON AVENUE
PENSACOLA, FL 32506

New Principal Place of Business:

10100 AILERON AVENUE
PENSACOLA, FL 32506

Current Mailing Address:

10100-B AILERON AVENUE
PENSACOLA, FL 32506

New Mailing Address:

10100 AILERON AVENUE
PENSACOLA, FL 32506

FEI Number: 65-1163830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, THOMAS A
10100-B AILERON AVENUE
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

BROWN, THOMAS A
10100 AILERON AVENUE
PENSACOLA, FL 32506 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: THOMAS A. BROWN

04/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BROWN, THOMAS A
Address: 10100-B AILERON AVENUE
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: LANE, JOHN H
Address: 311 WOODBINE DRIVE
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BROWN, THOMAS A
Address: 14830 INNERARITY POINT ROAD
City-St-Zip: PENSACOLA, FL 32507

Title: S (X) Change () Addition
Name: LANE, JOHN H
Address: 311 WOODBINE DRIVE
City-St-Zip: PENSACOLA, FL 32503

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: JOHN H. LANE

S

04/08/2008

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