

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000027297

1. Entity Name  
OVOC, LLC



Principal Place of Business  
5465 WEST MCNAB RD  
NORTH LAUDERDALE, FL 33068 US

Mailing Address  
PO BOX 880843  
BOCA RATON, FL 33488-0843 US



01082008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
55-0844715

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, DANE S  
5465 WEST MCNAB RD  
NORTH LAUDERDALE, FL 33068

**DO NOT WRITE  
IN THIS SPACE**

B. 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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOSTER, DANE S 5465 WEST MCNAB RD NORTH LAUDERDALE, FL 33068
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000000778904  
01/11/08-80016-006 138.75

**DO NOT WRITE  
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:

8 Jan 08

954.968.4164