

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027297

Entity Name: OVOC, LLC

FILED  
Mar 07, 2009  
Secretary of State

**Current Principal Place of Business:**

5465 WEST MCNAB RD  
NORTH LAUDERDALE, FL 33068 US

**New Principal Place of Business:**

5719 WEST MCNAB RD  
NORTH LAUDERDALE, FL 33068 US

**Current Mailing Address:**

PO BOX 880843  
BOCA RATON, FL 334880843 US

**New Mailing Address:**

FEI Number: 55-0844715

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

FOSTER, DANE S  
5719 WEST MCNAB RD  
NORTH LAUDERDALE, FL 33068 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:

03/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FOSTER, DANE S  
Address: 5465 WEST MCNAB RD  
City-St-Zip: NORTH LAUDERDALE, FL 33068

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FOSTER, DANE S  
Address: 5719 WEST MCNAB RD  
City-St-Zip: NORTH LAUDERDALE, FL 33068

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: DANE SAINT PATRICK FOSTER

CEO

03/07/2009

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