

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90042 005 ****50.00

DOCUMENT # L04000025530

1. Entity Name
RCOC, LLC



Principal Place of Business
12412 SAN JOSE BLVD., STE. 104
JACKSONVILLE, FL 32223

Mailing Address
12412 SAN JOSE BLVD., STE. 104
JACKSONVILLE, FL 32223



2. Principal Place of Business

12058 SAN JOSE BLVD.
Suite 804
JACKSONVILLE FL
32223

3. Mailing Address

12058 SAN JOSE BLVD.
Suite 804
JACKSONVILLE FL
32223

04072006 Chg-LLC CR2E083 (11/05)

4. FEI Number

38-3700304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRABTREE, R.R.
8777 SAN JOSE BLVD., BLDG. A, STE. 200
JACKSONVILLE, FL 32217

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BRANIFF, MICHAEL
STREET ADDRESS 12412 SAN JOSE BLVD., STE. 104
CITY-ST-ZIP JACKSONVILLE, FL 32223

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME BRANIFF, MICHAEL
STREET ADDRESS 12058 SAN JOSE BLVD Suite 804
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #