

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000076040

Entity Name: THE OZZ COMPANY, LLC

**FILED**  
**May 10, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

517 SPRING CLUB DRIVE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

237 LAKESIDE DRIVE  
LUTZ, FL 33549

**Current Mailing Address:**

517 SPRING CLUB DRIVE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

237 LAKESIDE DRIVE  
LUTZ, FL 33549

FEI Number: 20-2122752      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

KILLGORE PEARLMAN  
2 SOUTH ORANGE AVENUE, 5TH FLOOR  
ORLANDO, FL 32801 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: MGRM  
Name: SQUIRES, JOHN G  
Address: 237 LAKESIDE DRIVE  
City-St-Zip: LUTZ, FL 33549

Title: MGRM  
Name: SQUIRES, SUSAN C  
Address: 109 FALL BREEZE TRAIL  
City-St-Zip: TRAVELERS REST, SC 29690

I hereby 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 G. SQUIRES

MGRM

05/10/2010

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