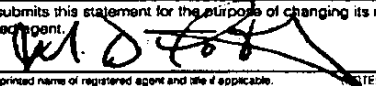
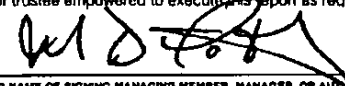


FILED
Apr 05, 2007 8:00 am
Secretary of State

03-23-2007 90166 023 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000090773			
1. Entity Name OCCS, LLC			
Principal Place of Business 550 STATE ROA 207 ST. AUGUSTINE, FL 32084		Mailing Address 550 STATE RD 207 ST. AUGUSTINE, FL 32084	
2. Principal Place of Business - No P.O. Box # 707 Standish Dr.		3. Mailing Address 1093 Air Beach Blvd PMB 238	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St Augustine FL		City & State St. Augustine FL	
Zip 32080	Country ST. JOHN	Zip 32080	Country ST. JOHN
4. FEI Number 20-3531941		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LASSITER, CHARLES M 550 STATE ROA 207 ST. AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 320 Red Wing Lane City St Augustine FL Zip Code 32080	
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:  DATE: 03-20-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LASSITER, CHARLES M 550 STATE ROA 207 ST. AUGUSTINE, FL 32084 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lassiter, Charles 320 Red Wing Lane St. Augustine FL 32080 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIFATO, MICHAEL 550 STATE RD 207 SAINT AUGUSTINE, FL 32084 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIFATO, Michael 707 Standish Dr. St. Augustine FL 32086 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOFATO, JOSEPH 550 STATE RD 207 SAINT AUGUSTINE, FL 32084 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Difato, Joseph 413 Night Hawk Lane St. Augustine, FL 32080 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  DATE: 03-20-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			