# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 15, 2011**
**Secretary of State**

DOCUMENT# L05000091152

**Entity Name:** A.O.C., LLC

**Current Principal Place of Business:**

504 SE WILLISTON RD
GAINESVILLE, FL 32641

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1045
GAINESVILLE, FL 32602 US

**New Mailing Address:**

**FEI Number: 59-2784356** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ALMOND, GARY R
5922 S.W. 35TH WAY
GAINESVILLE, FL 32608 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: MGR
Name: ALMOND, GARY R
Address: PO BOX 1045
City-St-Zip: GAINESVILLE, FL 326021045

Title: V
Name: ALMOND, CHRIS R
Address: 14152 NW 30 AVE
City-St-Zip: GAINESVILLE, FL 32606

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 Statues.

SIGNATURE: GARY R ALMOND PRES 03/15/2011

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