## 2007 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT** DOCUMENT # L05000102018 1. Entity Name OC'S ENTERPRISES, LLC Principal Place of Business Mailing Address 9723 WHITE BARN WAY P.O. BOX 2460 RIVERVIEW, FL 33568 RIVERVIEW, FL 33569

**FILED** Jan 31, 2007 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

01142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 86-1148587

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, SYLVESTER O

## DO NOT WRITE

9723 WHITE BARN WAY RIVERVIEW, FL 33569		IN THIS SPACE
	named entity submits this statement for the purpose of changing its regions of registered agent.  SVLUESTER O'ConnoiR	Istered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept
Signagume, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling Filling Fee is \$50.00 Due by May 1, 2007		UN0000614060 U2/06/07-80010-010 58.00
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM O'CONNOR, SYLVESTER 9723 WHITE BARN WAY RIVERVIEW, FL 33569	
TITLE NAME STREET ADDRESS OTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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.		

Devime Phone # \$13.33491