

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076846

FILED
Jul 30, 2008
Secretary of State

Entity Name: OCCUPY, LLC

Current Principal Place of Business:

1523-12 CHAFFEE RD.
JACKSONVILLE, FL 32221

New Principal Place of Business:

1523 CHAFFEE RD.
12-100
JACKSONVILLE, FL 32221

Current Mailing Address:

1523-12 CHAFFEE RD.
JACKSONVILLE, FL 32221

New Mailing Address:

1523 CHAFFEE RD.
12-100
JACKSONVILLE, FL 32221

FEI Number: 13-4316310 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:

TURPIN, SIMONE C
1523-12 CHAFFEE RD.
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

TURPIN, SIMONE C
1523 CHAFFEE RD.
12-100
JACKSONVILLE, FL 32221 US

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: SIMONE C. TURPIN

07/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TURPIN, ERNEST L JR.
Address: 10691 GRAYSON ST.
City-St-Zip: JACKSONVILLE, FL 32220

Title: MGR () Delete
Name: TURPIN, SIMONE C
Address: 10691 GRAYSON ST.
City-St-Zip: JACKSONVILLE, FL 32220

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SIMONE C. TURPIN

MGR

07/30/2008

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