

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000118258

FILED
May 21, 2009
Secretary of State

Entity Name: GEOCOR, LLC

Current Principal Place of Business:

837 NORTH STREET
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

837 NORTH STREET
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-3104862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMBS, TIMOTHY L PRESIDE
837 NORTH STREET
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

COMBS, TIMOTHY L MGR
837 NORTH STREET
JACKSONVILLE, FL 32211 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: TIM COMBS

05/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: VP () Delete
Name: EYRICK, PETER T
Address: 837 NORTH STREET
City-St-Zip: JACKSONVILLE, FL 32211

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EYRICK, PETER T
Address: 837 NORTH STREET
City-St-Zip: JACKSONVILLE, FL 32211

Title: MGR () Change (X) Addition
Name: COMBS, TIMOTHY L
Address: 837 NORTH STREET
City-St-Zip: JACKSONVILLE, FL 32211

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: PETER T. EYRICK

MGR

05/21/2009

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