


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90108 049 ***143.75

DOCUMENT # L07000021580

1. Entity Name
AOK ELECTRIC LLC



Principal Place of Business Mailing Address
P O BOX 131 **P O BOX 131**
GREENVILLE, FL 32331 US **GREENVILLE, FL 32331 US**

50003276



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2353 NW Lovett Road **P.O. Box 131**
 Suite, Apt. #, etc. **N/A** Suite, Apt. #, etc. **N/A**

03102008 Chg-LLC CR2E083 (12/06)

City & State City & State
Greenville, FL **Greenville, FL**
 Zip Country Zip Country
32331 **USA** **32331** **USA**

4. FEI Number Applied For
20-8521751 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
OQUINN, DEWAYNE
577 NW CONCORD CHURCH ROAD
GREENVILLE, FL 32331

7. Name and Address of New Registered Agent
 Name **DeWayne O'Quinn**
 Street Address (P.O. Bx Number is Not Acceptable)
2353 NW Lovett Road
 City **Greenville** FL Zip Code **32331**

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 *DeWayne O'Quinn* **DeWayne O'Quinn** **4-10-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OQUINN, DEWAYNE P O BOX 131 GREENVILLE, FL 32331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *DeWayne O'Quinn* **DeWayne O'Quinn** **4-10-08** **850-673-7698**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #