

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021580

FILED  
May 06, 2009  
Secretary of State

Entity Name: AOK ELECTRIC LLC

**Current Principal Place of Business:**

2353 NW LOVETT RD  
GREENVILLE, FL 32331 US

**New Principal Place of Business:**

**Current Mailing Address:**

POB 131  
GREENVILLE, FL 32331 US

**New Mailing Address:**

FEI Number: 20-8521751      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

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

OQUINN, DEWAYNE  
2353 NW LOVETT RD  
GREENVILLE, FL 32331 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: OQUINN, DEWAYNE  
Address: P O BOX 131  
City-St-Zip: GREENVILLE, FL 32331 US

Title: MGR      ( ) Delete  
Name: CARROLL-O'QUINN, C. KELLI  
Address: P O BOX 131  
City-St-Zip: GREENVILLE, FL 32331 US

**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: C.KELLI CARROLL-O'QUINN

MRS.

05/06/2009

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