

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000068996

FILED
Nov 20, 2009
Secretary of State

Entity Name: CONE-ENOC, LLC

Current Principal Place of Business:

500 N.W. 27TH AVE.
OCALA, FL 34475

New Principal Place of Business:

500 N.W. 27TH AVE.
OCALA, FL 34475

Current Mailing Address:

500 N.W. 27TH AVE.
OCALA, FL 34475

New Mailing Address:

500 N.W. 27TH AVE.
OCALA, FL 34475

FEI Number: 26-3017468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREGORY, WILLIAM P
715 SWANN AVE.
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: CONE, JR, DOUGLAS P TRUSTEE
Address: 500 N.W. 27TH AVE.
City-St-Zip: OCLA, FL 34475

Title: MGRM (X) Delete
Name: COMPTON, JAMES A TRUSTEE
Address: 500 N.W. 27TH AVE.
City-St-Zip: OCLA, FL 34475

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DOUGLAS P. CONE JR. REVOCABLE TRUST
Address: 500 N.W. 27TH AVE.
City-St-Zip: Ocala, FL 34475

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: DOUGLAS P. CONE, JR.

MGRM

11/20/2009

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