

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000022177

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Entity Name:** PLANT OPERATION CONSULTANT LLC

**Current Principal Place of Business:**

500 BRIAR OAK WAY  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

500 BRIAR OAK WAY  
DELAND, FL 32724

**New Mailing Address:**

**FEI Number:** 26-4488354

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVE. SOUTH SUITE 101-330  
NAPLES, FL 34102 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:** MGR  
**Name:** SLEEPER, ROY M  
**Address:** 500 BRIAR OAK WAY  
**City-St-Zip:** DELAND, FL 32724

**Title:** MGR  
**Name:** SLEEPER, MARY  
**Address:** 500 BRIAR OAK WAY  
**City-St-Zip:** DELAND, FL 32724

I hereby 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:** MARY L SLEEPER

MGR

02/03/2012

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