

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000055

Entity Name: AMOCAL, L.C.

FILED
May 04, 2005
Secretary of State

Current Principal Place of Business:

1976 82ND AVENUE
VERO BEACH, FL 32966

New Principal Place of Business:

7733 WEST NEWBERRY RD
SUITE B-2
GAINESVILLE, FL 32606

Current Mailing Address:

1976 82ND AVENUE
VERO BEACH, FL 32966

New Mailing Address:

7733 WEST NEWBERRY RD
SUITE B-2
GAINESVILLE, FL 32606

FEI Number: 59-3505742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

ORANGE STATE OIL COMPANY
1976 82ND AVENUE
VERO BEACH, FL 32966 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/MEMBERS:

Title: MGR () Delete
Name: ORANGE STATE OIL COM, PANY
Address: 1976 82ND AVENUE
City-St-Zip: VERO BEACH, FL 32966

Title: MGR () Delete
Name: ROUSSEAU ENTERPRISES,
Address: 7733 W. NEWBERRY RD. SUITE B2
City-St-Zip: GAINESVILLE, FL 32607

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 for the exemption stated in Section 119.07(3)(i), 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: TODD ROUSSEAU

MGMR

05/04/2005

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