


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90066 028 ***138.75

DOCUMENT # M00000000509					
1. Entity Name SONOC COMPANY, LLC					
Principal Place of Business 4310 PABLO OAKS COURT JACKSONVILLE, FL 32224-9631			Mailing Address P.O. BOX 19366 JACKSONVILLE, FL 32245-9366		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3609703	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent D.D.I., INC. 4310 PABLO OAKS COURT JACKSONVILLE, FL 32224-9631				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DAVIS, ROBERT D 4310 PABLO OAKS COURT JACKSONVILLE, FL 322249631 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OKO, SCOTT A. 4310 PABLO OAKS COURT JACKSONVILLE, FL 322249631 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SKELTON, H.J. 4310 PABLO OAKS COURT JACKSONVILLE, FL 322249631 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORGAN, JUDY B. 4310 PABLO OAKS COURT JACKSONVILLE, FL 322249631 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV FRANCIS, H.D. 4310 PABLO OAKS COURT JACKSONVILLE, FL 322249631 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DDI, INC. 4310 PABLO OAKS COURT JACKSONVILLE, FL 322249631 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THORNE, SUSAN C 4310 PABLO OAKS COURT JACKSONVILLE, FL 322249631 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZAHARA, E. ELLIS JR 4310 PABLO OAKS COURT JACKSONVILLE, FL 322249631 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZAHARA, E. ELLIS JR 4310 PABLO OAKS COURT JACKSONVILLE, FL 322249631 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATDV DAVIS, A. DANO 4310 PABLO OAKS COURT JACKSONVILLE, FL 322249631 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Harry D. Davis</i></u>			Date: <u>1/29/08</u> 904-223-7511		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		

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01162008 Chg-LLC CR2E083 (12/06)