

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M94000000103

1. Entity Name

AOC, LLC

Principal Place of Business

950 HIGHWAY 57 EAST
COLLIERVILLE TN 38017

Mailing Address

950 HIGHWAY 57 EAST
COLLIERVILLE TN 38017

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1576207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME THE ALPHA CORPORATION OF TENNESSEE
STREET ADDRESS 175 COMMERCE ROAD, 2ND FLOOR
CITY-ST-ZIP COLLIERVILLE TN 38017

TITLE ☐ Change ☐ Addition
NAME 800003581478-1
STREET ADDRESS -01/25/01--01075--006
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR ☐ Delete
NAME NORMAN, FREDERICK S
STREET ADDRESS 950 HIGHWAY 57 EAST
CITY-ST-ZIP COLLIERVILLE TN 38017

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME GRIGGS, JOHN W
STREET ADDRESS 950 HIGHWAY 57 EAST
CITY-ST-ZIP COLLIERVILLE TN 38017

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME PARKS, PAUL N
STREET ADDRESS 950 HIGHWAY 57 EAST
CITY-ST-ZIP COLLIERVILLE TN 38017

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *John W. Griggs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 JAN 22 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)