LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90757 038 ****50.00

DOCUMENT # L02000033870

1. Entity Name

LARCO, LLC

300670I3

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For / Not Applicable
8270 PARKSIDE DR Suite, Apt. #, etc.	8270 PARKSIDE DR Suite, Apt. #, etc.	33-1034774	
City & State: ENGLEWOOD FL	City & State: ENGLEWOOD FL.	5. Certificate of Status Desired ☐	$5.00 Additional Fee Required
Zip: 34224 Country: CHARLOTTE	Zip: 34224 Country: CHARLOTTE		

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LARRY E HAVEMAN

Street Address (P.O. Box Number is Not Acceptable):
8270 PARKSIDE DRIVE

City: ENGLEWOOD FL Zip Code: 34224

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 _____ LARRY HAVEMAN PRESIDENT 4-29-03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARRY E. HAVEMAN 8270 PARKSIDE DRIVE ENGLEWOOD, FL 34224
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CR2E083B (12/02)

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: _____ LARRY HAVEMAN 4-29-03 941-721-8092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #