

DOCUMENT # L03000042515



1. Entity Name

NEWCO ENTERPRISES, LLC

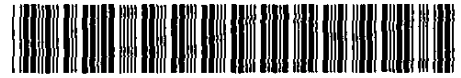
Principal Place of Business

330 BATTERSEA AVE.  
PALM BAY FL 32909

Mailing Address

330 BATTERSEA AVE.  
PALM BAY FL 32909

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

52-2416333

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NEWELL, E. JAMES  
330 BATTERSEA AVE.  
PALM BAY FL 32909

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

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

(NOTE: Registered Agent signature required when terminating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR  Delete  
NAME: NEWELL, JEAN S  
STREET ADDRESS: 2669 WOODS MILL DR  
CITY-STATE-ZIP: MELBOURNE FL 32934

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

TITLE:  Change  Addition  
NAME: **000000633660**  
STREET ADDRESS: **02/21/07-80069-025 50.00**  
CITY-STATE-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.

SIGNATURE: *Registered Agent: E. James Newell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-3-07  
Date

3219528771  
Daytime Phone #