

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000022140

**Entity Name:** NETCO DESIGN LLC

**Current Principal Place of Business:**

4923 WINDMILL PALM TERRACE NE  
ST. PETERSBURG, FL 33703

**Current Mailing Address:**

4923 WINDMILL PALM TERRACE NE  
ST. PETERSBURG, FL 33703

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PIENCYKOSKI, LORI  
4923 WINDMILL PALM TERRACE NE  
ST. PETERSBURG, FL 33703 US

*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

**Authorized Person(s) Detail :**

Title MGR, OWNER  
Name PIENCYKOSKI, LORI  
Address 4923 WINDMILL PALM TERRACE NE  
City-State-Zip: ST. PETERSBURG FL 33703

Title TREASURER  
Name ESCOBAR, ROBERT MR.  
Address 4923 WINDMILL PALM TERRACE NE  
City-State-Zip: ST. PETERSBURG FL 33703

Title SECRETARY  
Name ESCOBAR, KRYSTA MS  
Address 4923 WINDMILL PALM TERRACE NE  
City-State-Zip: ST. PETERSBURG FL 33703

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LORI L PIENCYKOSKI

**OWNER**

**04/18/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date