

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000001303

Entity Name: DCO ENERGY, LLC**Current Principal Place of Business:**5429 HARDING HIGHWAY
BUILDING 500
MAYS LANDING, NJ 08330**Current Mailing Address:**100 LENOX DRIVE
SUITE 100
MAYS LANDING, NJ 08330**FEI Number:** 22-3766026**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MEMBER
Name DICOLA, FRANK E
Address 907 JASMINE ST
City-State-Zip: CELEBRATION FL 34747

Title MEMBER
Name DESERT POWER HOLDINGS, LLC C/O
PREMIER TRUST
Address 4465 S JONES BLVD
City-State-Zip: LAS VEGAS NV 89103

Title MEMBER
Name JINGOLI, MICHAEL D
Address 5 DORCHESTER COURT
City-State-Zip: PRINCETON NJ 08540

Title MEMBER
Name FROMER, GARY D
Address 1450 DEERFIELD DR
City-State-Zip: ALLENTOWN PA 18104

Title MEMBER
Name MICHAEL D. JINGOLI IRREVOCABLE
TRUST C/O MICHAEL D JINGOLI
Address 5 DORCHESTER CT
City-State-Zip: PRINCETON NJ 08540

Title MEMBER
Name IRREVOCABLE TRUST FBO BRIAN
DICOLA C/O FRANK DICOLA
Address 907 JASMINE ST
City-State-Zip: CELEBRATION FL 34747

Title MEMBER
Name IRREVOCABLE TRUST FBO AMY
STOKES C/O FRANK DICOLA
Address 907 JASMINE ST
City-State-Zip: CELEBRATION FL 34747

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: MICHAEL D JINGOLI

MEMBER

03/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date