


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90106 006 ****50.00

DOCUMENT # L00000013098

1. Entity Name
COMACO, L.L.C.



Principal Place of Business
**18514 W. DIXIE HIGHWAY
 MIAMI, FL 33180**

Mailing Address
**18514 W. DIXIE HIGHWAY
 MIAMI, FL 33180**

2. Principal Place of Business
3601 NE 163 St.

3. Mailing Address
18514 W. Dixie Hwy

Suite, Apt. #, etc.

City & State
EASTERN SHORES, FL. MIAMI FL.

Zip
33160

Country

Zip
33180

Country



01182005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0049391

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**JACOBS, ERIC A P. A.
 12550 BISCAYNE BLVD. #405
 MIAMI, FL 33181**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PICASSO CLOTHING CARE INC. 18514 W. DIXIE HIGHWAY MIAMI, FL 33180 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  **1/18/05** **305 936-0558**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #