

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000015556

1. Entity Name

STORECO LLC



Principal Place of Business

1748 AUSTRALIAN AVE., SUITE 15
RIVIERA BEACH FL 33404

Mailing Address

1748 AUSTRALIAN AVE., SUITE 15
RIVIERA BEACH FL 33404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

65-1065373

Applied For
(Not Applicable)

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIESER, FRED J
1748 AUSTRALIAN AVE., SUITE 15
RIVIERA BEACH FL 33404

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 resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
MGR GRIESER, FRED J
STREET ADDRESS 1748 AUSTRALIAN AVE., SUITE 15
CITY-ST-ZIP RIVIERA BEACH FL 33404 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add
02/13/06-80084-002 50.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Fred J Grieser
FRED J GRIESER

1-70-06 561-881-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #