2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT

DOCUMENT # L0100008010

1. Entity Name
ENCO, LLC.

Principal Place of Business Mailing Address

FILED May 01, 2006 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

48260 FRANK ST

WIXOM, MI 48393

04272006No Chg-LLC

CR2E083 (11/05)

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03-0422185		Not Applicable
FEI Number		Applied For

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

MORRIS, LARRY 2250 TENTH ST SE LARGO, FL 33771

2250 TENTH ST. SE

LARGO, FL 33771

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char tions of registered agent.	nging its registere	d office or registered agent, or boti	n, in the State of Florida. I am familiar with, and accept
SIGNATURE.				
	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered	Agent signature required when reinstating)	CATE
Fi D	iling Fee is \$50.00 ue by May 1, 2006			000000546401 05/11/06-80117-004 50.00
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	ENGELSEN, NORVAL E			
STREET ADDRESS	48260 FRANK ST			
CITY-ST-ZIP	WIXOM, MI 48393			
TITLE	MGR			

0	111.Cit., Wi +0030	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ENGELSEN, JUDITH 48260 FRANK ST WIXOM, MI 48393	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		
11. I hereby of indicated	certily that the information supplied with this filing does not qualify for the exe on this report is true and accurate and that my signature shall have the sam	imptions contained in Chapter 119, Florida Statutes. I further certify that the information e legal effect as if made under oath, that I am a managing member or manager of the

indicated on this report is true and accurate and that my signature shall have the same legal effect as it 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:

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

Oale

Daytime Phone #