

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90055 015 ****50.00

DOCUMENT # L02000005410

1. Entity Name
ENCO, LLC



Principal Place of Business
5315 ROOSEVELT ST.
HOLLYWOOD, FL 33021

Mailing Address
5315 ROOSEVELT ST.
HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE



04102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
01-0632027

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MICOLTA, LUCIO
5315 ROOSEVELT STREET
HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SANCHEZ, WILSON
5315 ROOSEVELT ST.
HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MICOLTA, LUCIO
5315 ROOSEVELT ST.
HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FERNANDEZ, OSCAR
5315 ROOSEVELT ST
HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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

Date

Daytime Phone #

4/12/06