

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90145 032 *****50.00

DOCUMENT # L02000033870

1. Entity Name

LARCO, LLC



Principal Place of Business

**8035 MANASTOTA KEY RD.
ENGLEWOOD FL 34223**

Mailing Address

**8035 MANASTOTA KEY RD.
ENGLEWOOD FL 34223**



2. Principal Place of Business

1470 12th ST. E.

Suite, Apt. #, etc.

3. Mailing Address

1470 12th ST E.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

PALMETTO FL

City & State

PALMETTO FL

4. FEI Number

33-1034774

Applied For

Not Applicable

Zip

34221

Country

MANATEE

Zip

34221

Country

MANATEE

5. Certificate of Status Desired ☐

\$5.00 - Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAVEMAN, LARRY E
8035 MANASTOTA KEY RD.
ENGLEWOOD FL 34223**

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 reinstating)

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
STREET ADDRESS
CITY - ST - ZIP

**P
HAVEMAN, LARRY E
8035 MANASTOTA KEY RD.
ENGLEWOOD FL 34223**

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY - ST - ZIP

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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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

LARRY HAVEMAN

1-29-06

941-266-0406

Date

Daytime Phone #