2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 07, 2008 8:00 am Secretary of State

02-07-2008 90088 042 ***138.75

| DOCUMENT | # L | .03000042918 |
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1. Entity Name

LACÓ ENERGY SYSTEM'S, LLC

| Principal Place 5515 41ST / BRADENTON | AVE EAST | Mailing Address 5515 41ST AVE EAST BRADENTON, FL 34208 | 3 | . 6 | 60006533 | | |
|---|--|--|---------------------------------------|--|--|---------------------------------|------------|
| 2. Principal P | Place of Business - No P.O. Box # | 3. Mailing Address | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 01212008 | | CR2E083 (12/06) | |
| City & State | | City & State | | 4. FEI Numb | | | oplied For |
| Zip | Country | Zip | Country | <u> </u> | | \$5.00 Add | ditional |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and | Address of New Regis | tered Agent | |
| 1 | HARRIS L FAVE EAST FON, FL 34208 | | | ddress (P.O. Box Numb | er is Not Acceptable) | | |
| | named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agent a | | | registered agent, or bo | ith, in the State of Florida | FL Zip Cod I am familiar with, | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | 3 | | | | neck payable to | е |
| 9. | MANAGING MEMBE | RS/MANAGERS | 10. | | ADDITIONS/CHA | ANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MYERS, HARRIS L 5515 41ST AVE EAST BRADENTON, FL 34208 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MY ERS, HARI 5515 4/51 RRADENTON | RIS L AUE EAST FL 34208 | Change | Addit |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COCCIARELLA, LUCIANO A VIA SPALLACCI, 13 000012 GUI ROMA ITALY, | DO Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | , | , | ☐ Change | ☐ Addi |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM VON GURADZE, CHRISTIAN KARL-LUDWIG-STR.9 68165 MANNHEIM GERMANY, | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | KARL-LUOW | E, CHRISTIAN 16-STR 9 68 1 GERMANY | 7 Change | Addi |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addi |
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| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLE NAME STREET ADDRESS | , | | ☐ Change | Addi |

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NONATURE BALLMAN

CITY-ST-ZIP

^{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.