· LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)	
DOCUMENT # L 03000051833 1. Entity Name SE Barco Gos Piping Services, LLC SE Barco Gos Piping Services, LLC SECRETARY OF ST.	
1. Entity Name SE Barco Gos Piping Services,	LLC OSAPO ED
Sk Baras dos rifinij seror ses,	TASECRES PM 3
	ALLAHASSTOF ST. 36
DO NOT WRITE IN THIS SPA	
Principal Place of Business 3. Mailing Address	
1818 Portland Ave 1818 Portland Suite, Apt. #, etc. Suite, Apt. #, etc.	nd ADE JJ J DO NOT WRITE IN THIS SPACE
City & State Tallahassee, 7/9 Tallahasse	
32303 Leon 32303	Country 5. Certificate of Status Desired Fee Required
	7. Name and Address of Current Registered Agent Name
DO NOT WRITE	Street Address (P.O. Box Number is Not Acceptable)
IN THIS SPACE	1818 Portland Hue,
	city Tallahessee FL 32303
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.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	
· · · · · · · · · · · · · · · · · · ·	EE IS \$50.00
· · · · · · · · · · · · · · · · · · ·	able to Department of State JE BY MAY 1
9. MANAGING MEMBERS/MANAGERS	
NAME SAMUEL F Barco	TITLE NAME
STREET ADDRESS CITY-ST-ZIP Tanchassee, 71a 32303	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	TITLE NAME STREET ADDRESS 05/09/0501070016 **50.00
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 05/09/0501079016 **50.00
TITLE NAME	TITLE NAME
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP DO NOT WRITE
TITLE	IN THIS SPACE
NAME STREET ADDRESS	NAME STREET ADDRESS
CITY-ST-ZIP TITLE	CITY-SI-ZIP TITLE
NAME STREET ADDRESS	NAME STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME _	TITLE NAME
STREET ADÖRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Admired - Date - Davide Davide Phone #	