# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 08, 2005**
**Secretary of State**

DOCUMENT# L04000011477

**Entity Name:** NANCO, LLC

**Current Principal Place of Business:**

6645 RIDGE ROAD
PORT RICHEY, FL 34668 US

**New Principal Place of Business:**

**Current Mailing Address:**

6645 RIDGE ROAD
PORT RICHEY, FL 34668 US

**New Mailing Address:**

**FEI Number: 14-1488474** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TORRENCE, ALFRED W JR.
6645 RIDGE ROAD
PORT RICHEY, FL 34668 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete
Name: NANFRIA, STEVEN
Address: 2435 RICHELIEU PLACE
City-St-Zip: SCOTCH PLAINS, NJ 07076 US

Title: MGR ( ) Delete
Name: NANFRIA, GELSOMINA
Address: 2435 RICHELIEU PLACE
City-St-Zip: SCOTCH PLAINS, NJ 07076 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: NANFRIA, STEVEN
Address: 2435 RICHELIEU PLACE
City-St-Zip: SCOTCH PLAINS, NJ 07076 US

Title: MGRM (X) Change ( ) Addition
Name: NANFRIA, GELSOMINA
Address: 2435 RICHELIEU PLACE
City-St-Zip: SCOTCH PLAINS, NJ 07076 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEVEN NANFRIA MGRM 03/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date