


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90384 006 ****50.00

DOCUMENT # L04000015670					
1. Entity Name NUCO, LLC					
Principal Place of Business 12402 N. 56TH STREET TAMPA, FL 33617			Mailing Address 12402 N. 56TH STREET TAMPA, FL 33617		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0790893	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RAKOCY, F. JOSEPH 12402 N. 56TH STREET TAMPA, FL 33617			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
MGRM F. JOSEPH RAKOCY 12402 N. 56TH ST TAMPA FL 33617			MGRM F. JOSEPH RAKOCY 12402 N. 56TH ST TAMPA FL 33617		
MGRM GREGORY T. BUNN 12402 N. 56TH ST. TAMPA FL 33617			MGRM GREGORY T. BUNN 12402 N. 56TH ST. TAMPA FL 33617		
MGRM GEORGE PRYBYS 12402 N. 56TH ST. TAMPA FL 33617			MGRM GEORGE PRYBYS 12402 N. 56TH ST. TAMPA FL 33617		
MGRM GREGORY T. BUNN 12402 N. 56TH ST. TAMPA FL 33617			MGRM GREGORY T. BUNN 12402 N. 56TH ST. TAMPA FL 33617		
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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: _____ DATE _____ Daytime Phone # _____					