## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000015670  1. Entity Name NUCO, LLC						03-18-2005 90384 006 ****50.					0.00	
Principal Place 12402 N. 56 TAMPA, FL 3	TH STREET	S	Mailing Address 12402 N. 56TH STREET TAMPA, FL 33617									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01032005	Chg-LLC	CR2E	E083 (10/03)		
City & State			City & State				4. FEI Number	0-079	080	1 4 <del></del>	plied For ot Applicable	
Zip			Zip Count		try	5. Certificate of Status Desired   \$5.00 Additional Fee Required						
	6. Name	and Address of Current R	legistered Agent		7. Name and Address of New Registered Agent							
RAKOCY, F. JOSEPH						Name						
12402 N. 5 TAMPA, FI	6TH STR		Str			Street Address (P.O. Box Number is Not Acceptable)						
			Cir			Sity Zip Code						
									F	<b>-</b>   `		
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 event												
the obligations of registered agent.												
SIGNATURE												
, the state of the												
Filing Fee Is \$50.00 Due by May 1, 2005								Florida	Departi	payable to ment of State	Đ	
9.		MANAGING MEMBER		10.		00.6	222	ADDITIONS/				
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			124	02 N. 5(	RAKOCI OTH ST 33617		☐ Change	<b>☑</b> Addition .	
TITLE			☐ Delete	TITLI		MA	em	<del></del>		☐ Change	Addition )	
NAME			□ Delete	NAM		606	CORN T	GUND.		☐ Ollarige	(Z) Addition	
STREET ADDRESS				STRE	ET ADDRESS	124	02 N', 5	6TH SI	•		į	
CITY-ST-ZIP				CITY	-ST-ZIP	TAI	MPA FL	33617				
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CITY-ST-ZIP					et address -st-zip	129	02 N. 3	il 3361	7		ŀ	
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NAME			Li Deiete .	NAM						☐ Change	Addition	
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CITY-ST-ZIP				CITY	-ST-ZIP							
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NAME			☐ Delete	TITIL.I NAM						Change	Addition	
STREET ADDRESS	[				ET ADDRESS						1	
CATY-ST-ZIP	}				-ST-ZIP							
11. I hereby o	certify that th	e information supplied with	this filing does not qualify for	the exe	mption sta	ted in Se	ction 119,07(3)(ii	), Florida Statutes	further o	ertify that the in	nformation	
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.												