

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000032949**

1. Entity Name  
**LABCO, LLC**



Principal Place of Business  
**170 SAGAMORE STREET  
WEST MELBOURNE, FL 32904**

Mailing Address  
**170 SAGAMORE STREET  
WEST MELBOURNE, FL 32904**



03272007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1543696**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LEMLEY, WILLIAM  
170 SAGAMORE STREET  
WEST MELBOURNE, FL 32904**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1100001PA57933

05/23/07-80090-013 50.00

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEMLEY, WILLIAM 170 SAGMOAR STREET WEST MELBOUREN, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUCE, ROBERT S. 2020 SEMINOLE BLVD. WEST MELBOURNE, FL 32904
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**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** *William Lemley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*4/23/07* 321 725-  
6855