

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004884

FILED
Aug 21, 2006
Secretary of State

Entity Name: NORCO ENTERPRISES LLC

Current Principal Place of Business:

9300 SW 72 AVE
PINECREST, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

9300 SW 72 AVE
PINECREST, FL 33156 US

New Mailing Address:

FEI Number: 20-2196772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MESA, MICHAEL A
2441 NW 93 AVE
101
DORAL, FL 33172 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/MANAGERS:

Title: MGRM () Delete
Name: CARBRERA, NORBERTO H
Address: 9300 SW 72 AVE
City-St-Zip: PINECREST, FL 33156 US

Title: MGRM () Delete
Name: KELLER, CORINA I
Address: 9300 SW 72 AVE
City-St-Zip: PINECREST, FL 33156 US

Title: MGR () Delete
Name: MESA, MICHAEL A
Address: 2441 NW 93 AVE SUITE 101
City-St-Zip: DORAL, FL 33172 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL MESA

MGR

08/21/2006

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