2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State
03-20-2008 90182 032 ***138.75

60016119

02152008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000055008

1. Entity Name
SULCO, LLC

Principal Place of Business	Mailing Address
2447 BEE RIDGE RD SARASOTA, FL 34239	2447 BEE RIDGE RD SARASOTA, FL 34239

2. Principal Place of Business No P.O. Box #	3. Mailing Address
2439 BEE RIDGE RD	2439 BEE RIDGE RD
Suite, Apt. # etc.	Suite, Apt. # etc.
City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34239-6304 Country	Zip 34239-6304 Country

4. FEI Number 20-5328497 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CHARBONNEAU, ANDRE K.R. ESQ
2033 MAIN STREET SUITE 500
SARASOTA, FL 34237

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SULLIVAN, JOHN E JR 846 S OSPREY AVE SARASOTA, FL 34236 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SULLIVAN, JOHN E JR 2439 BEE RIDGE RD SARASOTA, FL 34239-6304 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR COHEN, WAYNE A 846 S OSPREY AVE SARASOTA, FL 34236 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR COHEN, WAYNE A 2439 BEE RIDGE RD SARASOTA, FL 34239-6304 ☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X [signature] X 3/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date