2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 09, 2007 8:00 am Secretary of State

DOCUMENT # L06000063847 1. Entity Name FONCO LLC				03-09-2007 90135 005 ****55.00				
Principal Plac	e of Business	Mailing Address			۵UU	เมษายา		
		475 KIWI STREET						
TARPON SPR	RINGS, FL 34689	TARPON SPRINGS, FL 34	1689					
760	Anclose Rd.	3. Mailing Address						
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc		02252007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numb		Ap	plied For	
Zip Springs		Zip Country		20-5054213 Not Applicable 5. Certificate of Status Desired \$5.00 Additional				
3468°	9 USA			5. Certificate	of Status Desired	\$5.00 Add Fee Required	d Intional	
	6. Name and Address of Current R	tegistered Agent	Name	7. Name and	Address of New	Registered Agent		
FONSECA	A, MARCO							
475 KIWI STREET JARPON SPRINGS, FL 34689			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code	e	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office or regist	ered agent, or bo	th, in the State of F	lorida. I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent at	2.20(4) added to the state of t	Registered Agent signature requir			DATE		
	digitalian, typed or printed name or registered again a	ind the k applicable (KOT), in	• egistareu Agent signatura reduii	red witer reinstating)		DAILE		
F	iling Fee is \$50.00 ue by May 1, 2007			ļ		ke check payable to la Department of State	e	
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS	S/CHANGES		
TITLE NAME	MGRM FONSECA, MARCO	☐ Delete	TITLE			Change	☐ Addition	
STREET ADDRESS	475 KIWI STREET		NAME STREET ADDRESS				į	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP					
TITLE	MGRM	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	FONSECA, ARMANDO 1635 REGAL MIST LANE		NAME STREET ADDRESS					
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME.				İ	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE						П.С		
NAME		☐ Delete	TITLE			Change	Addition	
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STREET ADDRESS CITY-ST-ZIP		☐ Delete				∟ change	Addition	
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CITY-ST-ZIP TITLE NAME	:		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					
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r nereby certify that the information supplied with this fling does not quality for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report is firtue 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.