## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## FILED Feb 12, 2007 8:00 am Secretary of State 01-17-2007 90012 038 \*\*\*\*50.00

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DOCUMENT # L06000065337  1. Enlity Name LANCO FINANCIAL, LLC						01-17-20	07 90012 0 <b>38</b>	8 **	**50.00		
Principal Place of Business 4229 SW OAKHAVEN LN PALM CITY, FL 34990		Mailing Address 4229 SW OAKHAVEN LN PALM CITY, FL 34990		30000438							
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #. etc.		Suite, Apt. #, etc.		1				21 M1 1461			
				01082007	Chg-LLC	CR2E083 (12/		r. (F			
City & State		City & State		4. FEI Number	51550	92		Applicable			
Zip	Country	Zip	Caun	try	5. Certificate o	Status Desired	□ \$5.00 Fee Re				
·	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Re	gistered Agent				
COOV PHILIP A				Name							
CODY, PHILIP A 4229 SW OAKHAVEN LN PALM CITY, FL 34990		Street Add		Street Address	(P.O. Box Number	is Not Acceptable	)				
•		•									
				City			<u> FL</u>	Code			
	named entity submits this statement to ions of registered agent.	r the purpose of changing its	registere	ad office or registe	red agent, or both	, in the State of Flor	rida. I am lamiliar :	with, a	nd accept		
SIGNATURE .	Signature, typed or printed neme of registered agent	and trie if applicable (NOTI	E: Registere	d Agent signesure require	d when reinstating)	_	DATE		<del></del> _		
								Make check payable to Florida Department of State			
Fi D	lling Fee is \$50.00 ue by May 1, 2007	-									
FI D	MANAGING MEMBE		10.				Department of CHANGES	State			
9.	MANAGING MEMBE	ERS/MANAGERS	TITL	F		Florida	Department of	State	☐ Addition		
9.	MANAGING MEMBE		TITE!	F		Florida	Department of CHANGES	State	Addition		
9. TITLE KAME	MANAGING MEMBE MGR CODY, PHILIP A		TITU NAM STRE	E		Florida	Department of CHANGES	State	☐ Addition		
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR CODY, PHILIP A 4229 SW OAKHAVEN LN PALM CITY, FL 34990 MGRM		TITLE NAM STRE	E ET ADDRESS •SI-ZIP		Florida	Department of CHANGES	State	Addition		
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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 Statistes.

MCR. OR AUTHORIZED REPRESENTATIVE