

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ **FILED**
May 16, 2008 8:00 am
Secretary of State

04-15-2008 90116 027 ***138.75

DOCUMENT # L07000021572 1. Entity Name ORCO2, LLC					
Principal Place of Business 3401 PGA BLVD, STE. 500 PALM BEACH GARDENS, FL 33410 US			Mailing Address 3401 PGA BLVD, STE. 500 PALM BEACH GARDENS, FL 33410 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
Zip	Country	Zip	Country	4. FEI Number 20 8529121 Applied For Not Applicable	
6. Name and Address of Current Registered Agent KRASKER, PAUL A ESQ 625 N. FLAGLER DR 9TH FLOOR WEST PALM BEACH, FL 33401				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 _____ (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	Manager Joseph L. Perrotto 3401 PGA Blvd Ste 500 Palm Beach Gardens, FL 33410	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Michael Leighton MD 3401 PGA Blvd Ste 500 Palm Beach Gardens, FL 33410	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 			Date: 4/1/08 561-307-0306		