

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90232 005 ***138.75

DOCUMENT # L07000078364

1. Entity Name
NARANCHOCO LLC



Principal Place of Business
**7061C S. TAMiami TRAIL
SARASOTA, FL 34231**

Mailing Address
**7061C S. TAMiami TRAIL
SARASOTA, FL 34231**

2. Principal Place of Business - No P.O. Box #
46 N. Washington Blvd
Suite, Apt. #, etc.
SUITE 253

3. Mailing Address

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State

Zip
34236

Country
U.S.A

Zip

Country

03182008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0609166

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LES GARDI CPA
7061C S. TAMiami TRAIL
SARASOTA, FL 34231**

7. Name and Address of New Registered Agent

Name **ESFM Global Corp**
Street Address (P.O. Box Number is Not Acceptable)
46 N. WASHINGTON BLVD
SUITE 253
City **SARASOTA** **FL** Zip Code **34236**

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 **FRANCISCO J. MERINO / President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-18-8

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

TITLE **MGR** ☐ Delete
NAME **MERINO, FRANCISCO**
STREET ADDRESS **7061 S. TAMiami TRAIL**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **ESFM Global Corp**
STREET ADDRESS **46 N. WASHINGTON BLVD SUITE 253**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **FRANCISCO J. MERINO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-18-8

Date

941-955-3736

Daytime Phone #