

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000062442

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** GASCO MANAGEMENT CO, LLC

**Current Principal Place of Business:**

320 SCARLET BLVD  
OLDSMAR, FL 34677

**New Principal Place of Business:**

320 SCARLETT BLVD  
OLDSMAR, FL 34677

**Current Mailing Address:**

PO BOX 19319  
SARASOTA, FL 34276

**New Mailing Address:**

**FEI Number:** 26-2884418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRACY, CATHERINE L  
2058 CONSTITUTION BLVD  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HANWAY, THOMAS D  
Address: 515 LEFFING WELL AVE #111  
City-St-Zip: ELLENTON, FL 34222

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS HANWAY

MGRM

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date