

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000087313

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

**Entity Name:** NUCO FORMULATIONS LLC.

**Current Principal Place of Business:**

14545-D S. MILITARY TRAIL  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

14545-D S. MILITARY TRAIL  
DELRAY BEACH, FL 33484

**New Mailing Address:**

**FEI Number:** 27-3217878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MAVROS, JOHN M II  
14545-D S. MILITARY TRAIL  
DELRAY BEACH, FL 33484 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  
**Name:** MAVROS, JOHN M II  
**Address:** 14545-D S. MILITARY TRAIL  
**City-St-Zip:** DELRAY BEACH, FL 33484

**Title:** MGRM  
**Name:** ZIMMERMAN, LON  
**Address:** 7831 FORESTAY DRIVE  
**City-St-Zip:** LAKE WORTH, FL 33467

**Title:** MGRM  
**Name:** KANNER, NATHAN DR  
**Address:** 300 GEORGE BUSH BLVD  
**City-St-Zip:** DELRAY BEACH, FL 33444

**Title:** MGRM  
**Name:** MAVROS, LISA  
**Address:** 123A A LONGPORT CIR  
**City-St-Zip:** DELRAY BEACH, FL 33444

I hereby 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:** JOHN M MAVROS II

MGRM

03/25/2011

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