

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 25, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # M00000000957**

1. Entity Name  
**REALCO GROUP, LLC**



Principal Place of Business  
**390 BUSINESS PARK WAY, K-1  
ROYAL PALM BEACH, FL 33411**

Mailing Address  
**390 BUSINESS PARK WAY, K-1  
ROYAL PALM BEACH, FL 33411**



04212005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**91-2031248**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**TUTTLE, JASON B  
390 BUSINESS PARK WAY, K-1  
ROYAL PALM BEACH, FL 33411**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
TUTTLE, J  
390 BUSINESS PARK WAY, K-1  
ROYAL PALM BEACH, FL 33411**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PT  
TUTTLE, H  
390 BUSINESS PARK WAY, K-1  
ROYAL PALM BEACH, FL 33411**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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04/25/05-80104-015 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

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

Date

Daytime Phone #

*J. Tuttle* Manager 4.21.2005 561 333 1930