2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 05, 2007 8:00 am Secretary of State

DOCUMENT # M0600001565 1. Entity Name FLORACO ENTERPRISES, LLC					02-05-2007	90198 034 ****	50.00		
Principal Place of Business	Mailing Address		·						
14100 MIRACLE WAY	14100 MIRACLE WAY								
EDMOND, OK 73003 EDMOND, OK 73003									
					# 10 111 10 11 11 11				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 14100 Miracle Way 14100 Miracle Way									
Suite, Apt. #, etc. Suite, Apt. #, etc.				02012007	Ch- 11 C	CD0E002 (10)00			
					Chg-LLC	CR2E083 (12/06)			
City & State Edmond, OK	City & State City & State Edmond, OK Edmond, OK			4. FEI Numb 41-2	per 188919		pplied For lot Applicable		
Zip Country	Zip	Coun	•	5. Certificat	5. Certificate of Status Desired \$5.00 Additional				
73003 USA	73003	<u>U</u>	ISA		7. Name and Address of New Registered Agent				
6. Name and Address of Current I	registered Agent		Name S	ame an	a Address of New K	egistered Agent			
BUSINESS FILINGS INCORPORATED	UTE 404		Street Addre	ee (P.O. Boy Numi	per is Not Acceptable	<u>, , , , , , , , , , , , , , , , , , , </u>			
1203 GOVERNORS SQUARE BLVD., SU TALLAHASSEE, FL 32301-2960	IIIE 101		Jiree: Addre	35 (F.O. DOX 14011)	Der is tvot Acceptable	*) 			
			City		•	FL Zip Co	de		
8. The above named entity submits this statement for	the purpose of changing its	register	ed office or regi	stered agent, or b	oth, in the State of Flo	orida. I am familiar with	, and accept		
the obligations of registered agent		20				7-1-07			
SIGNATURE At the state of puried name of equistered about 8	nd atte if applicable (NOTE	Redistere	id Agent signature req	uired when reinstating)		DATE			
							· •		
Filing Fee is \$50.00 Due by May 1, 2007						e check payable to a Department of Sta	te		
	<u> </u>								
9. MANAGING MEMBE	RS/MANAGERS Delete	10.			ADDITIONS/	CHANGES Change	☐ Addition		
NAME NAGEL, ALAN	La Desere	NAM				Change	Addition		
STREET ADDRESS 14100 MIRACLE WAY			ET ADDRESS						
CITY-ST-ZIP EDMOND, OK 73003	—		-ST-ZIP				T Address		
TITLE NAME	☐ Delete	TITL	l l			☐ Change	Addition		
STREET ADDRESS			ET ADDRESS						
CITY-ST-ZIP			-ST-ZIP						
TITLE NAME	☐ Delete	TITL NAM				☐ Change	☐ Addition		
STREET ADDRESS			EET ADDRESS						
CITY-ST-ZIP	·····	CITY	-ST-ZIP						
TITLE	☐ Delete	THTL NAM				☐ Change	☐ Addition		
NAME STREET ADDRESS		8	EET ADDRESS						
CITY-ST-ZIP		CITY	'- \$T-ZIP						
TITLE	Delete	TITL	1			☐ Change	☐ Addition		
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CITY-ST-ZIP		CITY	'-ST-ZIP						
TITLE	☐ Delete	TITL	I			☐ Change	Addition		
NAME STREET ADDRESS		NAM STRI	ME EET ADDRESS			•			
CITY-ST-ZIP			-ST-ZIP						
I hereby certify that the information supplied with indicated on this report is true and accurate and.	this filing does not qualify for	the exe	emptions contain	ned in Chapter 119	9, Florida Statutes. I fu	urther certify that the in	formation		
limited liability company or the receiver or trustee	empowered to execute this	report a	s required by C	hapter 608 Florida	a Statutes.	and member of manag	Jei Oi ule		

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DOCUMENT # M0600001565 1. Entity Name FLORACO ENTERPRISES, LLC						ATTACHMENT					
Principal Plac		s	Mailing Address 14100 MIRACLE WAY				60013091				
EDMOND, O						<i>V</i>			*** 19 m j		
	ncipal Place of Business - No P.O. Box # 3. Mailing Address 14100 Miracle Way 14100 Miracle Way					=-					
Suite, Apt.	#, etc.	, etc. Suite, Apt. #, etc.				02012007	Chg-LLC	CR2I	E083 (12/06)		
City & Stat Edmond,			City & State Edmond, OK			4.	l. FEI Numbe 41-21	88919			plied For at Applicable
Zip 73003		Country USA	73003	Zip Country 73003 USA				of Status Desired		\$5.00 Add Fee Required	
				: • Name	7. Name and Address of New Registered Agent Same						
BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD., SUITE 101 TALLAHASSEE, FL 32301-2960				Street Address (P.O. Box Number is Not Acceptable)							
					Cilly				F	Zip Code	.
8. The above the obligat	named entitions of regis	ty submits this statement to	r the purpose of changing its	register	ed office or re	egistered :	agent, or bot	h, in the State of f	-	- 1	and accept
SIGNATURE .	Ringal	Or purificial country of respectation Trians	and with it southers the		ud Acani connector	roo wad a ba	an rounttational		2 - /	-07	
Altignature required or purified name of registered applicable (NOTE: Registered Agent signature required applicable)			reduied wife	en reinstating)	<u>.</u> .						
		is \$50.00 y 1, 2007								payable to Iment of State	: B
9.							ADDITION	S/CHANG	ES		
TITLE NAME				TITL						Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					EET ADORESS '-ST-ZIP						
TITLE			TITL				VA 11.1 - 18.1		☐ Change	Addition	
NAME STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP					r-ST-ZIP E					☐ Change	☐ Addition
NAME PERCEL ADDRESS		N		NAN	1E					s.rage	
STREET ADDRESS CITY-ST-ZIP		1			EET ADDRESS '-ST-ZIP						İ
TITLE NAME	_ *****			TITL						☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				STR	EET ADDRESS (-ST-ZIP						
TITLE NAME					E					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS						
TITLE			☐ Delete	TITL						☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					AE EET ADORESS '-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 cath; 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, Plorida Statutes.											
DIGNATURE / 1 -AT											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE Datin Discharge Proper											