

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000006914

1. Entity Name
AVOCO ENTERPRISES, LLC



Principal Place of Business
11415 GROOMS ROAD
BLUE ASH, OH 45242

Mailing Address
11415 GROOMS ROAD
BLUE ASH, OH 45242



04252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1722310

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000936987
05/27/08-80032-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLAHA, THOMAS E 11415 GROOMS ROAD BLUE ASH, OH 45242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUCKER, BRUCE E 11415 GROOMS ROAD BLUE ASH, OH 45242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DULLE, DANIEL G 11415 GROOMS ROAD BLUE ASH, OH 45242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, WAYNE D 11415 GROOMS ROAD BLUE ASH, OH 45242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMBROOKES, ROBERT 11415 GROOMS ROAD BLUE ASH, OH 45242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

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

4/28/08

Date

513-489-3080

Daytime Phone #