

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006914

FILED
Apr 17, 2009
Secretary of State

Entity Name: AVOCO ENTERPRISES, LLC

Current Principal Place of Business:

11415 GROOMS ROAD
BLUE ASH, OH 45242

New Principal Place of Business:

Current Mailing Address:

11415 GROOMS ROAD
BLUE ASH, OH 45242

New Mailing Address:

FEI Number: 73-1722310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: BLAHA, THOMAS E
Address: 11415 GROOMS ROAD
City-St-Zip: BLUE ASH, OH 45242

Title: MGRM () Delete
Name: DUCKER, BRUCE E
Address: 11415 GROOMS ROAD
City-St-Zip: BLUE ASH, OH 45242

Title: MGRM () Delete
Name: DULLE, DANIEL G
Address: 11415 GROOMS ROAD
City-St-Zip: BLUE ASH, OH 45242

Title: MGRM () Delete
Name: MILLER, WAYNE D
Address: 11415 GROOMS ROAD
City-St-Zip: BLUE ASH, OH 45242

Title: MGRM () Delete
Name: SAMBROOKES, ROBERT
Address: 11415 GROOMS ROAD
City-St-Zip: BLUE ASH, OH 45242

ADDITIONS/CHANGES:

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

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

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

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

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: FELICIA DUNCAN

OFMG

04/17/2009

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