# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



## **Detail by Entity Name**

#### Florida Limited Liability Company

CUCO, LLC

#### **Filing Information**

 Document Number
 L11000121996

 FEI/EIN Number
 38-3871665

 Date Filed
 10/26/2011

 Effective Date
 10/25/2011

State FL

**Status** ACTIVE

Last Event LC DISSOCIATION MEM

**Event Date Filed** 07/07/2015 **Event Effective Date** 06/12/2015

#### **Principal Address**

223 PIRATES PLACE JUPITER, FL 33469

#### **Mailing Address**

223 PIRATES PLACE JUPITER, FL 33469

#### **Registered Agent Name & Address**

FERNANDEZ, PEDRO M 223 PIRATES PLACE JUPITER, FL 33469

Name Changed: 06/12/2015

#### **Authorized Person(s) Detail**

NONE

#### **Annual Reports**

Report Year	Filed Date
2013	03/23/2013
2014	06/12/2015
2015	06/12/2015

# Document Images07/07/2015 -- CORLCDSMEMView image in PDF format06/12/2015 -- REINSTATEMENTView image in PDF format03/23/2013 -- ANNUAL REPORTView image in PDF format04/24/2012 -- ANNUAL REPORTView image in PDF format

10/26/2011 -- Florida Limited Liability

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#### **2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000121996

Entity Name: CUCO, LLC

Current Principal Place of Business:

223 PIRATES PLACE
JUPITER. FL 33469

Mar 23, 2013 Secretary of State CC0586291831

**FILED** 

#### **Current Mailing Address:**

223 PIRATES PLACE JUPITER, FL 33469

FEI Number: 38-3871665 Certificate of Status Desired: No

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

FERNANDEZ, PEDRO M 223 PIRATES PLACE JUPITER, FL 33469 US

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

#### Authorized Person(s) Detail:

Title MGR

Name FERNANDEZ, PEDRO M Address 223 PIRATES PLACE City-State-Zip: JUPITER FL 33469

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PEDRO FERNANDEZ

MANAGING MEMBER

03/23/2013

#### **2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000121996

Entity Name: CUCO, LLC

**Current Principal Place of Business:** 

223 PIRATES PLACE JUPITER. FL 33469

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**Current Mailing Address:** 

223 PIRATES PLACE JUPITER, FL 33469

FEI Number: 38-3871665 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FERNANDEZ, PEDRO M 223 PIRATES PLACE JUPITER, FL 33469 US

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: PEDRO FERNANDEZ 06/12/2015

Electronic Signature of Registered Agent

Date

FILED Jun 12, 2015

**Secretary of State** 

CR4802714480

Authorized Person(s) Detail:

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PEDRO FERNANDEZ

**MEMBER** 

# \*L/1000121996

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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#### **COVER LETTER**

TO: Re	egistration Section		
D	ivision of Corporations		
SUBJEC			
	(Name of	Limited Liability Co	empany)
The enclo	osed member, resignation or dis-	sociation and fee(	s) are submitted for filing.
Please ret	urn all correspondence concern	ing this matter to	
PEDRO	M FERNANDEZ		
	(Contact Person)	·	_
	(2) (2)		<b></b>
	(Firm/Company)		
223 PIR	ATES PLACE		
	(Address)		
JUPITER	R, FLA 33469		
	(City/State and Zip Code)		-
For further	er information concerning this n	natter, please call	:
PEDRO	M FERNANDEZ	561	762-3872
	(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed \$25 Fil	please find a check made payabling Fee		Department of State for: g Fee & Certified Copy
STREET	COURIER ADDRESS:		MAILING ADDRESS:
	on Section		Registration Section
Division e	of Corporations		Division of Corporations
Clifton B			P.O. Box 6327
	cutive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)



FILED

2015 JUL -7 PH 12: 28

SECRETARY OF STATE
TALLAHASSEE, FLORID

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	climited liability company as it a	appears on the records of the Florida Department
2. The Florida doc L1100012199		ned to this limited liability company is:
3 The date this me	ember/manager withdrew/resign	ed or will withdraw/resign is:
4. I, PEDRO M F	ERNANDEZ	, hereby withdraw/resign as a
•	Name of Person Resigning)  NO MANAGER	
	(Print Title)	
of this limited lia resignation in w		imited liability company has been notified of my
Signature of D	issociating Member or Resignin	g Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	