

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107669

FILED
May 03, 2007
Secretary of State

Entity Name: EURO ESSENTIALS LLC

Current Principal Place of Business:

52 RILEY RD.
#360
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

52 RILEY RD.
#360
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 86-1176970 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CERULLO, PASQUALE
52 RILEY RD.
360
CELEBRATION, FL 34747 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CERULLO, PASQUALLE
Address: 9913 ROLLING GREEN DRIVE
City-St-Zip: PINCKNEY, MI 48169

Title: MGRM () Delete
Name: MOORE, JOHN C
Address: 52 RILEY RD #360
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM () Delete
Name: GINGL, MANFRED
Address: 61 ADENA MEADOWS WAY
City-St-Zip: AURORA, ON L4G 7Y7 CA

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:

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: CERRULLO PASQUALE

MGRM

05/03/2007

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