

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000086824

**Entity Name:** EURO AC, LLC

**Current Principal Place of Business:**

347 N NEW RIVER DR. E  
PH4  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

347 N NEW RIVER DR. E  
PH4  
FORT LAUDERDALE, FL 33301

**FEI Number:** 47-1121671

**Certificate of Status Desired:** No

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

MULE, SALVATORE  
347 N NEW RIVER DR. E.  
PH4  
FORT LAUDERDALE, FL 33301 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            AMBR  
Name            MULE, SALVATORE  
Address        347 N NEW RIVER DR. E., PH4  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            MGR  
Name            TURDO, LUIGI  
Address        1515 E BROWARD BLVD., 405  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** SALVATORE MULE

AMBR

02/10/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date