

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90181 042 \*\*\*\*50.00

**DOCUMENT #** L01000021189

**1. Entity Name**

EUROPA CONSULTING, L.L.C.

**DO NOT WRITE IN THIS SPACE**

931406

**2. Principal Place of Business**

3840 Biscayne Drive

Suite, Apt. #, etc.

**3. Mailing Address**

PO Box 195429

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Winter Springs, FL

**Zip**

32708

**Country**

Seminole

**City & State**

Winter Springs, FL

**Zip**

32719

**Country**

Seminole

**4. FEI Number**

01-0569133

**Applied For**

Not Applicable

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Kenneth S. Vitale

**Street Address (P.O. Box Number is Not Acceptable)**

3840 Biscayne Drive

**City**

Winter Springs

**FL**

**Zip Code**

32708

**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.**

**SIGNATURE**

Kenneth Scott Vitale / Kenneth Scott Vitale

2/27/02

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

MGR/MGR  
Kenneth Scott Vitale  
3840 Biscayne Drive  
Winter Springs, FL 32708

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

**NAME**

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**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 exemption stated in Section 119.07(3)(i), 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:**

Kenneth Scott Vitale / Kenneth Scott Vitale

2/27/02

407-699-7753

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

**Date**

**Daytime Phone #**

CR2E083B (12/01)