

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90129 043 ****50.00

DOCUMENT # L01000021189

1. Entity Name
EUROPA CONSULTING, L.L.C.



Principal Place of Business
**3840 BISCAYNE DRIVE
WINTER SPRINGS, FL 32708**

Mailing Address
**PO BOX 195429
WINTER SPRINGS, FL 32719 US**



2. Principal Place of Business
5703 RED BUG LAKE ROAD

3. Mailing Address
5703 RED BUG LAKE ROAD

Suite, Apt. #, etc.
SUITE 202

Suite, Apt. #, etc.
SUITE 202

City & State
WINTER SPRINGS

City & State
WINTER SPRINGS

Zip
32708

Country
USA

Zip
32708

Country
USA

02142005 Chg-LLC CR2E083 (10/03)

4. FEI Number
01-0569133

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**VITALE, KENNETH S
3840 BISCAYNE DRIVE
WINTER SPRINGS, FL 32708**

7. Name and Address of New Registered Agent

Name
VITALE, KENNETH SCOTT

Street Address (P.O. Box Number is Not Acceptable)
5703 RED BUG LAKE ROAD

SUITE 202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE By: Kenneth Scott Vitale, general trustee

February 14, 2005

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KENNETH, VITALE S
3840 BISCAYNE DR
WINTER SPRINGS, FL 32708** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VITALE, KENNETH SCOTT
5703 RED BUG LAKE ROAD, STE 202
WINTER SPRINGS, FL 32708** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

February 14, 2005

SIGNATURE: By: Kenneth Scott Vitale, general trustee for KENNETH SCOTT VITALE 407-699-7753

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

Date

Daytime Phone #