

# LO2000002153

1082

DOCUMENT # **LO2000002153**

1. Entity Name

European Village, LLC.



FILED

03 OCT 24 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101 Palm Harbor Pkwy

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

Palm Coast, FL

City & State

4. FEI Number

431988251

Applied For  
Not Applicable

Zip

32137

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name John Koszalkowski

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

101 Palm Harbor Pkwy

City Palm Coast,

FL

Zip Code 32137

**DO NOT WRITE  
IN THIS SPACE**

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

*John Koszalkowski* JOHN KOSZALKOWSKI

10/23/03

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE PR MGR  
NAME John Koszalkowski  
STREET ADDRESS 54 Fleming Ct  
CITY-ST-ZIP Palm Coast, FL 32137

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PR MGR  
NAME Claus Peter Roehr  
STREET ADDRESS 4 Old Oak Drive South  
CITY-ST-ZIP Palm Coast, FL 32137

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*John Koszalkowski* JOHN KOSZALKOWSKI

Date

10/23/03

Daytime Phone #

386-447-6040

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

CR2E083B (12/02)

RESTATEMENT 03

**DO NOT WRITE  
IN THIS SPACE**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Division of Corporations  
Registrations Section  
409 E. Gaines Street.  
Tallahassee, FL 32399

European Village, LLC.  
101 Palm Harbor Parkway  
Palm Coast, FL 32137

10/23/03

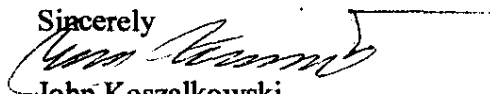
RE: Annual Report

To Whom It May Concern:

Please accept this Annual Report. We mailed one by the due date; however we were told by your office that it was mailed back. To this date we have not received the Annual Report.

Please accept this report and wave any and all late charges.

Sincerely



John Koszalkowski  
President