

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014458

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Entity Name:** DARCO INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

4400 W SAMPLE ROAD  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

4400 W SAMPLE ROAD  
STE 112  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

P.O. BOX 772015  
CORAL SPRINGS, FL 33077

**New Mailing Address:**

PO BOX 772015  
CORAL SPRINGS, FL 33077

**FEI Number:** 20-0766336      **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:**

HALL, DARIA  
4400 W SAMPLE ROAD  
COCONUT CREEK, FL 33073      US

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

HALL, DARLA MGMR  
4400 W SAMPLE ROAD  
STE 112  
COCONUT CREEK, FL 33073      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: DARLA HALL

05/01/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MS  
Name: HALL, DARLA MGMR  
Address: PO BOX 772015  
City-St-Zip: CORAL SPRINGS, FL 33077

I hereby 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: DARLA HALL

MGMR

05/01/2010

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