

L04000014458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

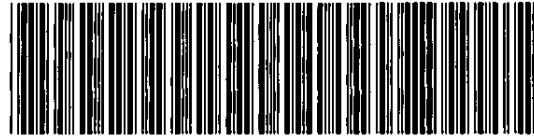
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800184454628

AC
E. DENNARD
8/20/10

Malave, Erin

From: Contactdarla@aol.com
Sent: Wednesday, August 18, 2010 3:42 PM
To: CorpAddressChange
Subject: Change of addresses for L04000014458

Please change the addresses for L04000014458 as follows.....

Darco Insurance Services, LLC.

Principal Address:
4095 State Road 7
Suite L222
Wellington, Florida 33449

Mailing Address:
4095 State Road 7
Suite L222
Wellington, Florida 33449

Manager/Member Detail:
Address Change for Darla Hall, Mgr
4095 State Road 7
Suite L222
Wellington, Florida 33449

Contact me at the number or email address below if you have any questions.

Best Regards,

Darla Hall

Phone: (954) 815-3339

Email: contactdarla@aol.com