

L04000014458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

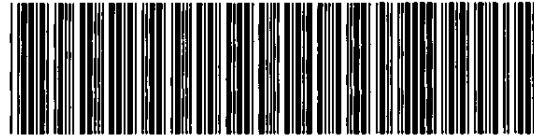
(Business Entity Name)

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**Malave, Erin**

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**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, Mgm  
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