


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90151 027 ****55.00

DOCUMENT # L06000081377					
1. Entity Name EUROCONN, LLC					
Principal Place of Business 640 CYPRESS CLUB WAY UNIT I POMPANO BEACH, FL 33064 US			Mailing Address 640 CYPRESS CLUB WAY UNIT I POMPANO BEACH, FL 33064 US		
2. Principal Place of Business - No P.O. Box # 1000 E. ATLANTIC BLVD.		3. Mailing Address			
Suite, Apt. #, etc. 212		Suite, Apt. #, etc.			
City & State POMPANO BEACH, FL		City & State		4. FEI Number 205396417	
Zip 33060		Country BROWARD		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WIERUSZEWSKI, JAN 2023 SUZANNE CIRCLE NORTH PALM BEACH, FL 33408			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIERUSZEWSKI, JAN 2023 SUZANNE CIRCLE NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BORSA, MONIKA A 640 CYPRESS CLUB WAY, UNIT I POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Monika A. Borsa</u> <u>BORSA MONIKA</u> <u>3/13/2007</u> <u>1/561/9299062</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					