

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105501

FILED
Jul 11, 2007
Secretary of State

Entity Name: EUCLID INSURANCE AGENCIES, LLC

Current Principal Place of Business:

2295 W. EAU GALLIE BOULEVARD
SUITE C
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

2295 W. EAU GALLIE BOULEVARD
SUITE C
MELBOURNE, FL 32935 US

New Mailing Address:

FEI Number: 20-5801550 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:

Name and Address of New Registered Agent:

ZIZZO, PAUL
2295 W. EAU GALLIE BOULEVARD
SUITE C
MELBOURNE, FL 32935 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EUCLID INSURANCE SER, VICES, INC.
Address: 234 SPRING LAKE DRIVE
City-St-Zip: ITASCA, IL 60143 US

Title: MGRM () Delete
Name: ZIZZO, PAUL
Address: 300 LANSING ISLAND DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PAUL ZIZZO

MGRM

07/11/2007

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