

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105501

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** EUCLID INSURANCE AGENCIES HOLDINGS, LLC

**Current Principal Place of Business:**

4550 W. EAU GALLIE BLVD., SUITE 164  
MELBOURNE, FL 32934 US

**New Principal Place of Business:**

**Current Mailing Address:**

4550 W. EAU GALLIE BLVD., SUITE 164  
MELBOURNE, FL 32934 US

**New Mailing Address:**

**FEI Number:** 20-5801550

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZIZZO, PAUL  
4550 W. EAU GALLIE BLVD., SUITE 164  
MELBOURNE, FL 32934 US

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

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: MGRM (X) Change ( ) Addition  
Name: ZIZZO, PAUL  
Address: 513 ISLAND COURT  
City-St-Zip: INDIAN HARBOR BEACH, FL 32937 US

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: JOHN N COLIS

MGRM

01/20/2009

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