

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000016999

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** VADAS INSURANCE SERVICES LLC

**Current Principal Place of Business:**

1218 DEL PRADO S #B  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

1218 DEL PRADO BLVD S #B  
CAPE CORAL, FL 33990

**Current Mailing Address:**

1218 DEL PRADO S #B  
CAPE CORAL, FL 33990

**New Mailing Address:**

1218 DEL PRADO BLVD S #B  
CAPE CORAL, FL 33990

**FEI Number:** 36-4787982

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VADAS, PAMELA D  
3059 BRACCI DR  
SAINT JAMES CITY, FL 33956 US

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

VADAS, PAMELA D  
1218 DEL PRADO BLVD S #B  
CAPE CORAL, FL 33990 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: PAMELA D VADAS

02/18/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VADAS, PAMELA D  
Address: 3059 BRACCI DR  
City-St-Zip: SAINT JAMES CITY, FL 33956

I hereby 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: PAMELA D VADAS

MGRM

02/18/2010

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