

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90140 021 ***138.75

DOCUMENT # L07000060696 1. Entity Name EURO CAPITAL LLC					
Principal Place of Business 6632 TRAIL BLVD. NAPLES, FL 34108			Mailing Address PO BOX 770277 NAPLES, FL 34107		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HANNAH, DOUGLAS 6632 TRAIL BLVD. NAPLES, FL 34108			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANNAH, DOUGLAS PO BOX 770277 NAPLES, FL 34107 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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><i>Hannah Douglas</i></u> mgr.			Date: <u>4/28/08</u>		Daytime Phone #: <u>239/597-7900</u>

50006109



04242008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-0343466** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required