2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# L09000082350

Entity Name: EUROPA INSURANCE SERVICES LLC

Current Principal Place of Business:

6375 WINDMERE RD
BROOKSVILLE, FL 34602

New Principal Place of Business:

Current Mailing Address:

6375 WINDMERE RD
BROOKSVILLE, FL 34602

New Mailing Address:

FEI Number: 27-0822055 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALMON, CECIL T
6375 WINDMERE RD
BROOKSVILLE, FL 34602 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: MGR
Name: SALMON, CECIL T
Address: 6375 WINDMERE RD
City-St-Zip: BROOKSVILLE, FL 34602

Title: MGRM
Name: SPECIALE, ROBERT
Address: 6375 WINDMERE RD
City-St-Zip: BROOKSVILLE, FL 34602

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 Statues.

SIGNATURE: CECIL SALMON MGR 04/29/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date