

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000014458

**Entity Name:** DARCO INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

1319 PINETTA CIRCLE  
WELLINGTON, FL 33414

**Current Mailing Address:**

4095 STATE RD 7, STE L222  
WELLINGTON, FL 33449

**FEI Number:** 20-0766336

**Certificate of Status Desired:** No

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

HALL, DARLA MGMR  
1319 PINETTA CIRCLE  
WELLINGTON, FL 33414 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

**Authorized Person(s) Detail :**

Title MS  
Name HALL, DARLA MGMR  
Address 4095 STATE RD 7, STE L222  
City-State-Zip: WELLINGTON FL 33449

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DARLA HALL

MGRM

04/30/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date