

2016 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

04/30/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date