

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011126

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: INDEPENDENT LIVING SYSTEMS, LLC.

**Current Principal Place of Business:**

5201 BLUE LAGOON DR.  
SUITE 270  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

5201 BLUE LAGOON DR.  
SUITE 270  
MIAMI, FL 33126 US

**New Mailing Address:**

FEI Number: 45-0481642      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PLANA, NESTOR J  
5201 BLUE LAGOON DRIVE  
SUITE 270  
MIAMI, FL 33126 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: MGRM ( ) Delete  
Name: PLANA, NESTOR  
Address: 1110 COUNTRY CLUB PRADO  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: HARPER, FLOYD  
Address: 19874 HIBISCUS  
City-St-Zip: TEQUESTA, FL 33469

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: FLOYD HARPER

MGRM

04/15/2009

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