2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# L09000047804

Entity Name: MY SMALL BUSINESS ASSISTANT, LLC

Current Principal Place of Business:

204 LAKE IDA POINT DRIVE
INTERLACHEN, FL 32148

New Principal Place of Business:

Current Mailing Address:

PO BOX 8131
JACKSONVILLE, FL 32239

New Mailing Address:

204 LAKE IDA POINT DRIVE
INTERLACHEN, FL 32148

FEI Number: 27-0189621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRZOSKA, AMANDA F
204 LAKE IDA POINT DRIVE
INTERLACHEN, FL 32148 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
Name: BRZOSKA, AMANDA F
Address: 204 LAKE IDA POINT DRIVE
City-St-Zip: INTERLACHEN, FL 32148

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: AMANDA F. BRZOSKA MGRM 04/30/2011

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