

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103641

**FILED**  
**Feb 07, 2008**  
**Secretary of State**

**Entity Name:** SENIOR AID, LLC

**Current Principal Place of Business:**

9202 SILVERTHORN ROAD  
LARGO, FL 33777 US

**New Principal Place of Business:**

8130 66TH STREET N  
SUITE 6  
PINELLAS PARK, FL 33781 US

**Current Mailing Address:**

9202 SILVERTHORN ROAD  
LARGO, FL 33777 US

**New Mailing Address:**

8130 66TH STREET N  
SUITE 6  
PINELLAS PARK, FL 33781 US

FEI Number: 45-0577622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ORSATTI, CHAD T ESQ.  
3204 ALTERNATE 19 NORTH  
PALM HARBOR, FL 34683 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: WONSICK, DAVID  
Address: 9202 SILVERTHORN ROAD  
City-St-Zip: LARGO, FL 33777 US

**ADDITIONS/CHANGES:**

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: DAVE WONSICK

MGRM

02/07/2008

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