

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030799

Entity Name: A LITTLE HELP NURSE REGISTRY, LLC

Current Principal Place of Business:

375 COMMERCIAL CT.
SUITE C
VENICE, FL 34292

Current Mailing Address:

375 COMMERCIAL CT.
SUITE C
VENICE, FL 34292

FEI Number: 20-2599131

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KASKEY, SANDRA A
6329 OLD COURT STREET
NORTH PORT, FL 34291 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 MGRM
Name KASKEY, SANDRA A
Address 6329 OLD COURT STREET
City-State-Zip: NORTH PORT FL 34291

Title MGRM
Name KASKEY, PAUL G
Address 6329 OLD COURT STREET
City-State-Zip: NORTH PORT FL 34291

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: SANDRA A KASKEY

MGRM

01/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date