2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000013405

1. Entity Name
PROBLEM SOLVING FOR THE SENIORS, LLC

Principal Place of Business	Mailing Address
886 RIVERSIDE DRIVE ORMOND BEACH, FL 32176	P.O. BOX 2566 ORMOND BEACH, FL 32175

DO NOT WRITE IN THIS SPACE

04082006No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3675801
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

REVILOCK, JOHN S
886 RIVERSIDE DRIVE
ORMOND BEACH, FL 32176

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6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	JENNINGS, ANNE ROONEY
STREET ADDRESS	886 RIVERSIDE DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	MGR
NAME	REVILOCK, JOHN S
STREET ADDRESS	886 RIVERSIDE DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	
NAME	
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04/26/06-80085-009 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: John S. Revilock 4/8/2006 386-671-2953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #