

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037209

Entity Name: NANNIES IN WAITING LLC

FILED
Apr 07, 2008
Secretary of State

Current Principal Place of Business:

15034 NORTH PEBBLE LANE
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

15034 NORTH PEBBLE LANE
FORT MYERS, FL 33912

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JABLONSKI, KELLY S
15034 NORTH PEBBLE LANE
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

SPILLMAN, CAROLYN V
15821 SOUTH PEBBLE LANE
FORT MYERS, FL 33912 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: CAROLYN SPILLMAN

04/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JABLONSKI, KELLY S
Address: 15034 NORTH PEBBLE LANE
City-St-Zip: FORT MYERS, FL 33912

Title: MGR () Delete
Name: DAUKSIENE, AUSRA
Address: 2450 GUINEVERE COURT
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DAUKSIENE, AUSRA
Address: 2450 GUINEVERE COURT
City-St-Zip: FORT MYERS, FL 33912

Title: MGR (X) Change () Addition
Name: SPILLMAN, CAROLYN V
Address: 15821 SOUTH PEBBLE LANE
City-St-Zip: FORT MYERS, FL 33912

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: CAROLYN V SPILLMAN

MGR

04/07/2008

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