

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030799

FILED  
Jan 23, 2007  
Secretary of State

**Entity Name:** A LITTLE HELP NURSE REGISTRY, LLC

**Current Principal Place of Business:**

401 COMMERCIAL CT.  
SUITE B  
VENICE, FL 34292

**New Principal Place of Business:**

**Current Mailing Address:**

401 COMMERCIAL CT.  
SUITE B  
VENICE, FL 34292

**New Mailing Address:**

**FEI Number:** 20-2599131

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KASKEY, SANDRA A  
6329 OLD COURT STREET  
NORTH PORT, FL 34286 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: KASKEY, SANDRA A  
Address: 6329 OLD COURT STREET  
City-St-Zip: NORTH PORT, FL 34286 US

Title: MGRM ( ) Delete  
Name: KASKEY, PAUL G  
Address: 6329 OLD COURT STREET  
City-St-Zip: NORTH PORT, FL 34286 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDRA A KASKEY

MGRM

01/23/2007

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