

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030799

FILED
Jan 04, 2008
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 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

01/04/2008

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