

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030799

**FILED**  
**Mar 20, 2009**  
**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:**

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: \_\_\_\_\_

03/20/2009

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: MGRM (X) Change ( ) Addition  
Name: KASKEY, SANDRA A  
Address: 6329 OLD COURT STREET  
City-St-Zip: NORTH PORT, FL 34291 US

Title: MGRM (X) Change ( ) Addition  
Name: KASKEY, PAUL G  
Address: 6329 OLD COURT STREET  
City-St-Zip: NORTH PORT, FL 34291 US

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 KASKEY

PRES

03/20/2009

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