

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030799

FILED  
Jan 07, 2011  
Secretary of State

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

**Current Principal Place of Business:**

375 COMMERCIAL CT.  
SUITE C  
VENICE, FL 34292

**New Principal Place of Business:**

**Current Mailing Address:**

375 COMMERCIAL CT.  
SUITE C  
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 34291 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  
Name: KASKEY, SANDRA A  
Address: 6329 OLD COURT STREET  
City-St-Zip: NORTH PORT, FL 34291 US

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

I hereby 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

01/07/2011

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