

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000063849

**FILED**  
**Apr 22, 2007**  
**Secretary of State**

**Entity Name:** SARASOTA EXECUTIVE ASSISTANCE, LLC

**Current Principal Place of Business:**

101 WOODBRIDGE DRIVE, #203  
VENICE, FL 34293

**New Principal Place of Business:**

**Current Mailing Address:**

101 WOODBRIDGE DRIVE, #203  
VENICE, FL 34293

**New Mailing Address:**

**FEI Number:** 20-3068034      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SZAFRANIEC, KRISTIN L  
101 WOODBRIDGE DRIVE, #203  
VENICE, FL 34293      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: P      ( ) Delete  
Name: SZAFRANIEC, KRISTIN  
Address: 101 WOODRIDGE DRIVE SUITE 203  
City-St-Zip: VENICE, FL 34293

**ADDITIONS/CHANGES:**

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: KRISTIN SZAFRANIEC      P      04/22/2007

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