

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091225

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** A BETTER NONLAWYER SERVICE, LLC

**Current Principal Place of Business:**

12 STONE STREET  
STE. 8  
COCOA, FL 32922 US

**New Principal Place of Business:**

**Current Mailing Address:**

12 STONE STREET  
STE. 8  
COCOA, FL 32922 US

**New Mailing Address:**

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

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

STONE, LESLIE  
12 STONE STREET  
STE. 8  
COCOA, FL 32922 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: MGR ( ) Delete  
Name: STONE, LESLIE  
Address: 12 STONE STREET, STE. 8  
City-St-Zip: COCOA, FL 32922 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STONE, LESLIE  
Address: 12 STONE STREET, STE. 8  
City-St-Zip: COCOA, FL 32922 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: LESLIE STONE

MGRM

01/21/2009

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