

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000101919

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** ACCESS ASSISTANCE, LLC

**Current Principal Place of Business:**

778 FALCON DRIVE  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

778 FALCON DRIVE  
PORT ORANGE, FL 32127 US

**New Mailing Address:**

PO BOX 489  
TELLICO PLAINS, TN 37385 US

**FEI Number:** 84-1692328

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FRIEBIS, DANIEL S  
3890 TURTLE CREEK DRIVE  
SUITE B  
PORT ORANGE, FL 32127 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  
Name: SNAY, SALLY A  
Address: PO BOX 489  
City-St-Zip: TELLICO PLAINS, TN 37385 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: SALLY SNAY

MS.

04/29/2010

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