2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# L05000109460

Entity Name: ALLEN'S WAIVER PROVIDER SERVICES LLC

Current Principal Place of Business:

506 EAST PALMETTO ST.
PAKATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

506 EAST PALMETTO ST.
PAKATKA, FL 32177

New Mailing Address:

FEI Number: 20-1718574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, SOLOMON
506 EAST PALMETTO ST.
PALATKA, FL 32177 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: ALLEN, SOLOMEN
Address: 506 EAST PALMETTO ST.
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ALLEN, SOLOMON
Address: 506 EAST PALMETTO ST.
City-St-Zip: PALATKA, FL 32177

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: SOLOMON ALLEN MAGE 03/23/2009

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