

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000071954

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** BETTER SENIOR LIVING CONSULTANTS, LLC

**Current Principal Place of Business:**

15306 SKIP JACK LOOP  
LAKEWOOD RANCH, FL 34202

**New Principal Place of Business:**

**Current Mailing Address:**

8374 MARKET ST. #524  
LAKEWOOD RANCH, FL 34202

**New Mailing Address:**

P.O. BOX 110363  
LAKEWOOD RANCH, FL 34211

FEI Number: 20-5440658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ROJAS, LIZAIDA  
6508 MOORINGS POINT CIR  
#201  
BRADENTON, FL 34202 US

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

ROJAS, LIZAIDA  
8729 SPRUCE HILL CT.  
BRADENTON, FL 34202 US

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

04/30/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ANDERSON, LYNN  
Address: P.O. BOX 110363  
City-St-Zip: BRADENTON, FL 34211

Title: MGR  
Name: ROJAS, LIZAIDA  
Address: P.O. BOX 110363  
City-St-Zip: BRADENTON, FL 34211

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: LIZAIDA ROJAS

MGR

04/30/2010

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