


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 17, 2007 8:00 am
Secretary of State

08-17-2007 90098 001 *****50.00
08-17-2007 90098 002 *****5.00

DOCUMENT # L06000096164	
1. Entity Name AMEDSREMINDER.US, LLC	

Principal Place of Business 3397 SEACOAST ST LANTANA FL 33462 US	Mailing Address 3397 SEACOAST ST LANTANA FL 33462 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E083 (4/07)

4. FEI Number 205656335	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KENNEDY-LEBAR, RITA 3397 SEACOAST ST LANTANA FL 33462	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent	
SIGNATURE <i>Rita Kennedy-Lebar</i> <small>Signature, typed or printed name of registered agent and is applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE <i>Aug 14-2007</i>

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY-LEBAR, RITA 3397 SEACOAST ST LANTANA FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Rita Kennedy-Lebar</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<i>Rita Kennedy-Lebar</i> 8/14/07 561-649-3058 <small>Date Daytime Phone #</small>
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ATTACHMENT

Amedsreminder.us
Rita Kennedy-Lebar
3397 Seacoast St
Lantana Florida 33462

30012287
#L06000096164

Division of Corporations
Annual Report Section
P.O Box 6850
Tallahassee, Fl 32314.

To whom it may concern,

Please find enclosed two checks and also a small description of the company.

- 1- \$5.00 for a Certificate of Status
- 2- \$50.00 for a filing fee
- 3- Amedsreminder.us is a web site still under construction.
It will be an automated telephone service to remind people and their pets to take their medications in order to prevent misuse of their medications; therefore providing a healthier you, a better quality of life.
People will be able to register online or via telephone.
Amedsreminder.us is still in the planning process.

Thank you kindly for your cooperation.
Rita Kennedy-Lebar CEO.

Rita Kennedy Lebar CEO MGRM