

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014985

FILED
Mar 13, 2009
Secretary of State

Entity Name: INVERNESS ASSISTANCE, LLC

Current Principal Place of Business:

8410 EAST MUIR PLACE
INVERNESS, FL 34450

New Principal Place of Business:

5840 E AVON ST.
INVERNESS, FL 34452

Current Mailing Address:

8410 EAST MUIR PLACE
INVERNESS, FL 34450

New Mailing Address:

5840 E AVON ST.
INVERNESS, FL 34452

FEI Number: 65-1312669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORINEK, ROBERT R
8410 EAST MUIR PLACE
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

AUITO, KIMBERLY A
5840 E AVON ST.
INVERNESS, FL 34452 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: KIMBERLY A AUITO

03/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KORINEK, ROBERT R
Address: 8410 EAST MUIR PLACE
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AUITO, KIMBERLY A
Address: 5840 E AVON ST.
City-St-Zip: INVERNESS, FL 34452

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: KIMBERLY A AUITO

MGR

03/13/2009

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