

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90128 047 \*\*\*143.75

**DOCUMENT # L07000075497**

1. Entity Name  
D.E.A. LEGAL NURSE CONSULTING, L.L.C.



Principal Place of Business  
6800 SW 68TH ST  
MIAMI, FL 33143

Mailing Address  
6800 SW 68TH ST  
MIAMI, FL 33143

2. Principal Place of Business - No P.O. Box #  
9109 McDougall Ct.  
Suite, Apt. #, etc.

3. Mailing Address  
9109 McDougall Ct.  
Suite, Apt. #, etc.



01062008 Chg-LLC CR2E083 (12/06)

City & State  
Tallahassee, FL.  
Zip  
32312  
Country  
USA

City & State  
Tallahassee, FL.  
Zip  
32312  
Country  
USA

4. FEI Number  
77-0696706

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLISON, DONNA E.  
6800 SW 68TH ST  
MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name Donna E. Allison (same as before)  
Street Address (P.O. Box Number is Not Acceptable)  
9109 McDougall Ct.  
City Tallahassee FL Zip Code 32312

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-23-08

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME ALLISON, DONNA E. ☐ Delete  
STREET ADDRESS 6800 SW 68TH ST  
CITY-ST-ZIP MIAMI, FL 33143

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME Allison, Donna E.  
STREET ADDRESS 9109 McDougall Ct.  
CITY-ST-ZIP Tallahassee, FL. 32312

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-23-08

Date

305-772-5059

Daytime Phone #