

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113223

FILED
Apr 21, 2009
Secretary of State

Entity Name: ACTIVE SENIOR SOLUTIONS, LLC

Current Principal Place of Business:

% LAMONT NEIMAN INTERIAN & BALLET, PA
2 S BISCAYNE BLVD SUITE 3550
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

% LAMONT NEIMAN INTERIAN & BALLET, PA
2 S BISCAYNE BLVD SUITE 3550
MIAMI, FL 33131

New Mailing Address:

FEI Number: 26-1384850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMONT NEIMAN INTERIAN & BELLET, P.A.
ONE BISCAYEN TOWER - 3550
2 S BISCAYEN BLVD
MIAMI, FL 33131 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: MR. () Delete
Name: NEIDICH, ANDRE
Address: 23415 DRAYTON DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: MS. () Delete
Name: NEIDICH, REBECCA
Address: 23415 DRAYTON DRIVE
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NEIDICH, ANDRE
Address: 23415 DRAYTON DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: MGR (X) Change () Addition
Name: NEIDICH, REBECCA
Address: 23415 DRAYTON DRIVE
City-St-Zip: BOCA RATON, FL 33433

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: ANDRE NEIDICH

MGR

04/21/2009

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