

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004556

FILED
Apr 30, 2009
Secretary of State

Entity Name: NURSE RESOLUTIONS, LLC

Current Principal Place of Business:

912 BRADSHAW TERRACE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

P O BOX 561 642
ORLANDO, FL 32856

New Mailing Address:

FEI Number: 80-0141470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDWARDS, JASON G
4819 LORRAINE WAY
ORLANDO, FL 32806 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: MGR () Delete
Name: EDWARDS, JASON G
Address: 4819 LORRAINE WAY
City-St-Zip: ORLANDO, FL 32812 US

Title: MGR () Delete
Name: GHEBREHIWET, ABRAHAM
Address: 722 E MICHIGAN ST - # 141
City-St-Zip: ORLANDO, FL 32806 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JASON EDWARDS

MGR

04/30/2009

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