

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034704

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: NOSE FOR NURSING, LLC

**Current Principal Place of Business:**

7964 NW 18 COURT  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

7964 NW 18 COURT  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 26-2442738

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BLACK-COLLINGTON, DONNA  
7964 NW 18 COURT  
PEMBROKE PINES, FL 33024 US

**Name and Address of New Registered Agent:**

BLAKE-COLLINGTON, DONNA  
7964 NW 18 COURT  
PEMBROKE PINES, FL 33024 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: DONNA BLAKE-COLLINGTON

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BLACK-COLLINGTON, DONNA  
Address: 7964 NW 18 COURT  
City-St-Zip: PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BLAKE-COLLINGTON, DONNA  
Address: 7964 NW 18 COURT  
City-St-Zip: PEMBROKE PINES, FL 33024

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: DONNA BLAKE-COLLINGTON

MGR

04/27/2009

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