

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000044414

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** BUCKALEW LEGAL NURSE CONSULTING & SAV FACE, LLC

**Current Principal Place of Business:**

1224 S HIAWASSEE ROAD APT 618  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

**Current Mailing Address:**

1224 S HIAWASSEE ROAD APT 618  
ORLANDO, FL 32835 US

**New Mailing Address:**

FEI Number: 26-2605187

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THORPE, LYSANDER  
6327 PINEY GLEN LANE  
ORLANDO, FL 32819 US

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

THORPE'S CONSULTING SYSTEMS  
6327 PINEY GLEN LANE  
ORLANDO, FL 32819 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: LYSANDER THORPE

04/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BUCKALEW, KAREN L  
Address: 1224 S HIAWASSEE  
City-St-Zip: ORLANDO, FL 32835 US

I hereby 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: KAREN BUCKALEW

MGR

04/28/2011

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