

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000047073

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** REF NURSE LLC

**Current Principal Place of Business:**

605 S. PALM AVE.  
TITUSVILLE, FL 32796

**New Principal Place of Business:**

**Current Mailing Address:**

605 S. PALM AVE.  
TITUSVILLE, FL 32796

**New Mailing Address:**

**FEI Number:** 26-2719358

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLINT, ROSA ESTELA  
23 E BROAD ST  
TITUSVILLE, FL 32796 US

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

FLINT, ROSA ESTELA  
1317 INDIAN RIVER AVE  
TITUSVILLE, FL 32780 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:

03/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FLINT, ROSA ESTELA  
Address: 1317 INDIAN RIVER AVE  
City-St-Zip: TITUSVILLE, FL 32780

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: ROSA ESTELA FLINT

MGR

03/15/2011

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