

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051258

FILED
May 21, 2009
Secretary of State

Entity Name: NURSE WITH A PURSE, LLC.

Current Principal Place of Business:

130 BRAEMAR AVENUE
VENICE, FL 34293 US

New Principal Place of Business:

Current Mailing Address:

130 BRAEMAR AVENUE
VENICE, FL 34293 US

New Mailing Address:

FEI Number: 26-2670115 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOCKEN-BELINKE, CHERYL L
Address: 3666 STATE HIGHWAY 70 EAST, UNIT 14
City-St-Zip: EAGLE RIVER, WI 54521 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOCKEN-BELINKE, CHERYL L
Address: 130 BRAEMAR AVE
City-St-Zip: VENICE, FL 34293 US

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: CHERYL LOCKEN-BELINKE

MGRM

05/21/2009

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