

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052671

FILED
Jun 17, 2009
Secretary of State

Entity Name: A MOTHER'S TOUCH SERVICES, LLC

Current Principal Place of Business:

5879 ANSLEY WAY
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

5879 ANSLEY WAY
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 26-2701856 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:

REED, SANDRA
5879 ANSLEY WAY
MOUNT DORA, FL 32757 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: KAVROS, PATRICK
Address: 5879 ANSLEY WAY
City-St-Zip: MOUNT DORA, FL 32757

Title: MGRM () Delete
Name: REED, SANDRA
Address: 5879 ANSLEY WAY
City-St-Zip: MOUNT DORA, FL 32757

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: PATRICK KAVROS

MGRM

06/17/2009

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