

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000064485

FILED
Mar 13, 2012
Secretary of State

Entity Name: RELATIVE ASSISTANCE, LLC

Current Principal Place of Business:

18429 WEST SYCAMORE DRIVE
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

Current Mailing Address:

18429 WEST SYCAMORE DRIVE
LOXAHATCHEE, FL 33470 US

New Mailing Address:

FEI Number: 27-0359935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, RANDI
18429 WEST SYCAMORE DR
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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
Name: COLEMAN, RANDI
Address: 18429 WEST SYCAMORE DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470 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: RANDI COLEMAN

MGRM

03/13/2012

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