

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068706

FILED
Apr 07, 2009
Secretary of State

Entity Name: EXECUTIVE ASSISTANTS OF THE PALM BEACHES, LLC

Current Principal Place of Business:

349 WINGED FOOT ROAD
PALM SPRINGS, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

349 WINGED FOOT ROAD
PALM SPRINGS, FL 33461 US

New Mailing Address:

FEI Number: 26-2994044 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, NATALIE
349 WINGED FOOT ROAD
PALM SPRINGS, FL 33461 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 () Delete
Name: ALVAREZ, NATALIE
Address: 349 WINGED FOOT ROAD
City-St-Zip: PALM SPRINGS, FL 33461 US

Title: MGRM () Delete
Name: SABEAN, GINA
Address: 7721 EDGEWATER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: MGRM () Delete
Name: ROUSSEL, HILDA
Address: 8132A SEDGEWICK COURT
City-St-Zip: WEST PALM BEACH, FL 33406 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HILDA ROUSSEL

MGRM

04/07/2009

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