

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000084967

Entity Name: SENSE-ABILITIES L.L.C.

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

**Current Principal Place of Business:**

2604 WABASH DR.  
NORTH PALM BEACH, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

2604 WABASH DR.  
NORTH PALM BEACH, FL 33410

**New Mailing Address:**

FEI Number: 26-3394191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLACK, CHRISTINE  
2604 WABASH DR.  
NORTH PALM BEACH, FL 33410 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: MGR  
Name: BLACK, CHRISTINE  
Address: 2604 WABASH DR.  
City-St-Zip: NORTH PALM BEACH, FL 33410

Title: MGRM  
Name: DICARLO, DANIELLE  
Address: 900 VIA ROYAL #901  
City-St-Zip: JUPITER, FL 33458

Title: MGRM  
Name: SUMMERS, LATISHA  
Address: 371 WEST 21ST .  
City-St-Zip: RIVIERA BEACH, FL 33404

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: CHRISTINE BLACK

MGR

04/15/2011

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