2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2010
Secretary of State

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Entity Name: AIDE LLC

Current Principal Place of Business:

773 SW SAIL TERRACE
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

773 SW SAIL TERRACE
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 26-3738900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVERN, JAMES R MR.
773 SW SAIL TERRACE
PORT ST. LUCIE, FL 34953 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: DAVERN, JAMES J DR.
Address: 2182 CAXTON AVENUE
City-St-Zip: CLERMONT, FL 34711

Title: MGR
Name: DAVERN, AURORA M MRS.
Address: 773 SW SAIL TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGR
Name: DAVERN, NORMA M MRS.
Address: 2182 CAXTON AVENUE
City-St-Zip: CLERMONT, FL 34711

Title: MGRM
Name: DAVERN, JAMES R MR.
Address: 773 SW SAIL TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34953

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 Statues.

SIGNATURE: JAMES R. DAVERN MGRM 04/04/2010

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