

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104339

Entity Name: AIDE LLC

FILED
Mar 05, 2011
Secretary of State

Current Principal Place of Business:

773 SW SAIL TERRACE
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

105 BAYBERRY CIRCLE
407
ST. AUGUSTINE, FL 32086

Current Mailing Address:

773 SW SAIL TERRACE
PORT ST. LUCIE, FL 34953

New Mailing Address:

105 BAYBERRY CIRCLE
407
ST. AUGUSTINE, FL 32086

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:

DAVERN, JAMES R MR.
105 BAYBERRY CIRCLE
407
ST. AUGUSTINE, FL 32086 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: JAMES R DAVERN

03/05/2011

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: 105 BAYBERRY CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

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: 105 BAYBERRY CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

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: JAMES R DAVERN

MGRM

03/05/2011

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