

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000052476

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** THE TRAVELING ASSISTANT, LLC

**Current Principal Place of Business:**

9119 TUDOR DRIVE  
204  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

9119 TUDOR DRIVE  
204  
TAMPA, FL 33615

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

SANCHEZ, MANUEL JR.  
9119 TUDOR DRIVE  
#204  
TAMPA, FL 33615 US

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

SANCHEZ, MANUEL N JR.  
9119 TUDOR DRIVE  
#204  
TAMPA, FL 33615 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: MANUEL N SANCHEZ, JR.

02/18/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SANCHEZ, MANUEL N JR.  
Address: 9119 TUDOR DRIVE, APT. 204  
City-St-Zip: TAMPA, FL 33615 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: MANUEL N SANCHEZ, JR

MGRM

02/18/2010

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