

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000069751

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** PERFECT AIDE FOR SENIORS, LLC

**Current Principal Place of Business:**

4921 81ST AVE TERR EAST  
SARASOTA, FL 34243

**New Principal Place of Business:**

5104 N LOCKWOOD RIDGE RD  
207F  
SARASOTA, FL 34234

**Current Mailing Address:**

4921 81ST AVE TERR EAST  
SARASOTA, FL 34243

**New Mailing Address:**

**FEI Number:** 32-0287634      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BOLANOS, ELIZABETH  
4921 81ST AVE TERR EAST  
SARASOTA, FL 34243      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:** BOLANOS, ELIZABETH  
**Address:** 4921 81ST AVE TERR EAST  
**City-St-Zip:** SARASOTA, FL 34243

**Title:** MGRM  
**Name:** BOLANOS, HINNING  
**Address:** 4921 81ST AVE TERR EAST  
**City-St-Zip:** SARASOTA, FL 34243

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: HINNING BOLANOS

MGRM

02/16/2011

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