

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000118153

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** AMERSION, LLC

**Current Principal Place of Business:**

510 WEICHSLER CIRCLE  
ORLANDO, FL 32824 US

**New Principal Place of Business:**

**Current Mailing Address:**

510 WEICHSLER CIRCLE  
ORLANDO, FL 32824 US

**New Mailing Address:**

**FEI Number:** 27-1484071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STONE, STEPHEN M  
725 NORTH MAGNOLIA AVENUE  
ORLANDO, FL 32803 US

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

ADAMS, MALVINA  
570 CASCADE CIR APT 100  
CASSELBERRY, FL 32707 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:** MALVINA ADAMS

03/31/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** LLANOS, CARMEN M  
**Address:** 510 WEICHSLER CIRCLE  
**City-St-Zip:** ORLANDO, FL 32824 US

**Title:** MGRM  
**Name:** LLANOS, CARLOS  
**Address:** 510 WEICHSLER CIRCLE  
**City-St-Zip:** ORLANDO, FL 32824 US

**Title:** MGRM  
**Name:** ADAMS, MALVINA  
**Address:** 570 CASCADE CIR APT 100  
**City-St-Zip:** CASSELBERRY, FL 32707 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:** MALVINA ADAMS

MGRM

03/31/2011

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