

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000108709

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** BATTLE HEALTH ASSURANCE GROUP, LLC

**Current Principal Place of Business:**

964 SOMBRA STREET  
TAMPA, FL 33619 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 23507  
TAMPA, FL 33623 US

**New Mailing Address:**

**FEI Number:** 27-3663735      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BRADFORD, MALCOLM L  
14118 FISH EAGLE DRIVE  
JACKSONVILLE, FL 32226 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:** BATTLE, KASHA J  
**Address:** 964 SOMBRA STREET  
**City-St-Zip:** TAMPA, FL 33619 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: KASHA BATTLE

MGRM

03/15/2011

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