

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000063593

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** MEDICARE SUPPLEMENTS MADE EASY LLC

**Current Principal Place of Business:**

411 36TH STREET  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

411 36TH STREET  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

ADAM, PATTERSON D  
411 36TH STREET  
WEST PALM BEACH, FL 33407 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:** PATTERSON, ADAM D  
**Address:** 411 36TH STREET  
**City-St-Zip:** WEST PALM BEACH, FL 33407 US

**Title:** MGRM  
**Name:** GILELS, JULIA D  
**Address:** 16 RIVERVIEW DRIVE  
**City-St-Zip:** STUART, FL 34996 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:** ADAM PATTERSON

P

01/09/2012

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