

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002727

FILED
Apr 10, 2007
Secretary of State

Entity Name: AS NEEDED LIVING ASSISTANCE SERVICE LLC

Current Principal Place of Business:

435 10TH AVE W #2B
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

435 10TH AVE W #2B
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 22-3797345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYERS, KAREN
435 10TH AVE W #2B
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

AYERS, KAREN OWNER
435 10TH AVE W #2B
PALMETTO, FL 34221 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: KAREN AYERS

04/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AYERS, KAREN
Address: 435 10TH AVE W #2B
City-St-Zip: PALMETTO, FL 34221

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: WALSTEAD, DONNA M
Address: 150 OCEAN HOLLOW LN
City-St-Zip: ST. AUGUSTINE, FL 32084 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: DONNA M WALSTEAD

MGRM

04/10/2007

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