

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002264

Entity Name: NFLUENCE, LLC

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

**Current Principal Place of Business:**

7800 BELFORT PARKWAY, STE 240  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

7800 BELFORT PARKWAY  
STE. 240  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

1661 RIVERSIDE AVENUE  
#401  
JACKSONVILLE, FL 32204

**New Mailing Address:**

7800 BELFORT PARKWAY  
STE. 240  
JACKSONVILLE, FL 32256

FEI Number: 94-3482794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARVER, TRINA  
7800 BELFORT PARKWAY, STE 240  
JACKSONVILLE, FL 32256 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: CARVER, TRINA  
Address: 1661 RIVERSIDE AVENUE #401  
City-St-Zip: JACKSONVILLE, FL 32204

Title: COO  
Name: SAMA, BARBARA  
Address: 86 DEER VALLEY DRIVE  
City-St-Zip: NESCONSET, NY 11767

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: TRINA CARVER

MGR

01/31/2011

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