

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000104339

**Entity Name:** AIDE LLC

**Current Principal Place of Business:**

105 BAYBERRY CIRCLE  
407  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

105 BAYBERRY CIRCLE  
407  
ST. AUGUSTINE, FL 32086 US

**FEI Number:** 26-3738900

**Certificate of Status Desired:** No

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

DAVERN, JAMES R MR.  
105 BAYBERRY CIRCLE  
407  
ST. AUGUSTINE, FL 32086 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM
Name	DAVERN, JAMES JDR.
Address	2182 CAXTON AVENUE
City-State-Zip:	CLERMONT FL 34711
Title	MGR
Name	DAVERN, NORMA MMRS.
Address	2182 CAXTON AVENUE
City-State-Zip:	CLERMONT FL 34711
Title	MGR
Name	MERX, MARK R
Address	157 MOULTRIE CROSSING LANE
City-State-Zip:	ST AUGUSTINE FL 32086

Title	MGR
Name	DAVERN, AURORA MMRS.
Address	105 BAYBERRY CIRCLE
City-State-Zip:	ST. AUGUSTINE FL 32086
Title	MGRM
Name	DAVERN, JAMES RMR.
Address	105 BAYBERRY CIRCLE
City-State-Zip:	ST. AUGUSTINE FL 32086

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES R DAVERN

**MANAGING PARTNER**

**04/09/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date