

2014 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:**PO BOX 3724
ST AUGUSTINE, FL 32085**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 34711Title MGR
Name DAVERN, AURORA MMRS.
Address 105 BAYBERRY CIRCLE
City-State-Zip: ST. AUGUSTINE FL 32086Title MGR
Name DAVERN, NORMA MMRS.
Address 2182 CAXTON AVENUE
City-State-Zip: CLERMONT FL 34711Title MGRM
Name DAVERN, JAMES RMR.
Address 105 BAYBERRY CIRCLE
City-State-Zip: ST. AUGUSTINE FL 32086Title MGR
Name MERX, MARK R
Address 157 MOULTRIE CROSSING LANE
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**PARTNER****04/07/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date