

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010325

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: HELEN GROUP, LLC

**Current Principal Place of Business:**

1007 E MOHAWK AVE #B  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 152545  
TAMPA, FL 336842545

**New Mailing Address:**

FEI Number: 59-3660458      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

EALY, VIRGIL  
1007 E MOHAWK #B  
TAMPA, FL 33604    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 ( ) Delete  
Name: EALY, VIRGIL  
Address: 1007 E MOHAWK AVE #B  
City-St-Zip: TAMPA, FL 33604

Title: MGR ( ) Delete  
Name: EALY, HELEN  
Address: 5825 59TH DRIVE  
City-St-Zip: VERO BEACH, FL 32967

Title: MGR ( ) Delete  
Name: MCGRIFF, VANESSA  
Address: 2176 16TH AVE. SW  
City-St-Zip: VERO BEACH, FL 32962

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: VIRGIL EALY

MM

04/30/2008

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