


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED  
9/26/2003-90004-015-\$50.00-\$50.00

108

**DOCUMENT # L00000010325**  
1. Entity Name  
**HELEN GROUP, LLC**



03 OCT 17 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 2803 W. SLUGH AVE., #610 TAMPA FL 33614  
Mailing Address: P.O. BOX 152545 TAMPA FL 33684-2545



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 1009 E Mohawk Ave #B  
3. Mailing Address: Suite, Apt. #, etc.

City & State: TAMPA, FL  
Zip: 33604  
Country: US

4. FEI Number: 59-3660458  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
EALY, VIRGIL  
2803 W. SLUGH AVE., #610  
TAMPA FL 33614

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGRM - managing member NAME: EALY, VIRGIL STREET ADDRESS: 2803 W SLUGH AVE #610 CITY-ST-ZIP: TAMPA FL 33614	<input type="checkbox"/> Delete
TITLE: MANAGER - manager NAME: gonzalo lepe STREET ADDRESS: 1740 2nd Ave North, #B CITY-ST-ZIP: St Pete, FL 33713	<input type="checkbox"/> Delete
TITLE: MANAGER NAME: VANESSA MCGRIFF STREET ADDRESS: 2476 16th AVE SW CITY-ST-ZIP: VERO BEACH, FL 32962	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [Signature] **SIGNATURE REQUIRED**  
DATE: 9/24/03 DAYTIME PHONE: 813-784-3536

CR2E089 (4/03)