


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

02-27-2008 90077 009 ***138.75

30003130

DOCUMENT # L07000117914			
1. Entity Name REAL HELP OF TAMPA REAL ESTATE, LLC.			
Principal Place of Business 14920 NORTH FLORIDA AVENUE TAMPA, FL 33613		Mailing Address 8870 NORTH HIMES AVENUE SUITE 443 TAMPA, FL 33614	
2. Principal Place of Business - No P.O. Box # 8870 North Himes Ave		3. Mailing Address	
Suite, Apt. #, etc. Suite 443		Suite, Apt. #, etc.	
City & State TAMPA FL		City & State	
Zip 33614	Country Hillsborough	Zip	Country
4. FEI Number 20-2338392		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROYACK, FLORIAN J 8870 HIMES AVE SUITE 443 TAMPA, FL 33614		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 <i>FLORIAN J ROYACK</i>		DATE 2/21/08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHMIELEWSKI, JEAN M	NAME	
STREET ADDRESS	PO BOX 1000	STREET ADDRESS	
CITY-ST-ZIP	HUNTINGDON VALLEY, PA 19006	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYACK, FLORIAN J	NAME	
STREET ADDRESS	PO BOX 1000	STREET ADDRESS	
CITY-ST-ZIP	HUNTINGDON VALLEY, PA 19006	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>FLORIAN J ROYACK</i>		DATE 2/21/08 813-753-9447	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	