

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109550

FILED
Apr 09, 2009
Secretary of State

Entity Name: A HELPING HAND COMPANION SERVICES, LLC

Current Principal Place of Business:

15522 FIORENZA CIRCLE
DELRAY BEACH, FL 33446 US

New Principal Place of Business:

Current Mailing Address:

15522 FIORENZA CIRCLE
DELRAY BEACH, FL 33446 US

New Mailing Address:

FEI Number: 26-4152798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HEALTHCARE BUSINESS CONSULTANTS, LLC
15522 FIORENZA CIRCLE
DELRAY BEACH, FL 33446 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: MGR () Delete
Name: MORIYON, LUZ S MRS.
Address: 16749 NW 13 CT
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGR () Delete
Name: GUTIERREZ, CARLOS A SR
Address: 15522 FIORENZA CIRCLE
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: MGR () Delete
Name: GUTIERREZ-ORTIZ, PATRICIA MRS.
Address: 15522 FIORENZA CIRCLE
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: MGR (X) Delete
Name: MORIYON, LUIS E
Address: 16749 NW 13 C
City-St-Zip: PEMBROKE PINES, FL 33028 US

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: ORTIZ-GUTIERREZ, PATRICIA MRS.
Address: 15522 FIORENZA CIRCLE
City-St-Zip: DELRAY BEACH, FL 33446 US

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: CARLOS A. GUTIERREZ

MGR

04/09/2009

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