

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051640

Entity Name: JACQUIE'S HELPFUL SERVICE LLC

Current Principal Place of Business:

6525 SHAHAB LANE
PORT ORANGE, FL 32128-6074

Current Mailing Address:

P. O. BOX 291402
PORT ORANGE, FL 32129-1402 US

FEI Number: 20-8994407

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROLLAND, JACQULYNNE H
6525 SHAHAB LANE
PORT ORANGE, FL 32128-6074 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 ROLLAND, JACQULYNNE H
Address 6525 SHAHAB LANE
City-State-Zip: PORT ORANGE FL 32128-6074

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: JACQULYNNE H. ROLLAND

MGRM

01/07/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date