

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000051640

**Entity Name:** JACQUIE'S HELPFUL SERVICE LLC

**Current Principal Place of Business:**

2756 AUTUMN LEAVES DRIVE  
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:**

HARRISON, JACQULYNNE H  
2756 AUTUMN LEAVES DRIVE  
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:** JACQULYNNE H. HARRISON

01/09/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name HARRISON, JACQULYNNE H  
Address 2756 AUTUMN LEAVES DRIVE  
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. HARRISON

MGRM

01/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date