

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000096555

**Entity Name:** HELVEX GROUP, LLC

**Current Principal Place of Business:**

12216 SIESTA DR  
FORT MYERS BEACH, FL 33931-6300

**Current Mailing Address:**

2639 ERIE AVE.  
8597  
CINCINNATI, OH 45208 US

**FEI Number:** 26-3576520

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BIK, CHRISTOPHER  
12216 SIESTA DR  
FORT MYERS BEACH, FL 33931-6300 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:** CHRISTOPHER BIK

03/07/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGR
Name	MOORE, KATHERINE K	Name	MOORE OWEN MANAGEMENT SERVICES INC
Address	2639 ERIE AVE 8597	Address	2639 ERIE AVE. 8597
City-State-Zip:	CINCINNATI OH 45208	City-State-Zip:	CINCINNATI OH 45208

*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:** THOMAS MOORE

**DIRECTOR, U.S.  
OPERATIONS**

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date