

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000058995

**Entity Name:** HELP ASSIST, LLC

**Current Principal Place of Business:**

11371 N.W. 33 STREET  
SUNRISE, FL 33323

**Current Mailing Address:**

11371 N.W. 33 STREET  
SUNRISE, FL 33323

**FEI Number:** 27-2763130

**Certificate of Status Desired:** No

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

MOODY ACCOUNTING SERVICES, INC.  
160 SOUTH UNIVERSITY DRIVE  
SUITE E  
PLANTATION, FL 33324 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	Title	MANAGER
Name	JAMEER, SAMUEL	Name	ALI, AZEEDA
Address	11371 N.W. 33 STREET	Address	11371 N.W. 33 STREET
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323
Title	MANAGER		
Name	SEEPERSAUD, DEBORAH		
Address	11371 N.W. 33 STREET		
City-State-Zip:	SUNRISE FL 33323		

*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:** SAMUEL JAMEER

MGRM

04/01/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date