## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000169102

**Entity Name: HELM LLC** 

**Current Principal Place of Business:** 

999 BRICKELL AVENUE, SUITE 300

MIAMI. FL 33131

**Current Mailing Address:** 

999 BRICKELL AVENUE, SUITE 300 MIAMI. FL 33131

FEI Number: 65-0485151 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

AFC CORPORATE SERVICES, LLC 999 BRICKELL AVENUE, SUITE 300 MIAMI, FL 33131 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: MARK J. SCHEER, ESQ. 01/13/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title MANAGER Title MANAGER

FENTON, JAMES P Name POWELL, JEFFERSON N JR. Name

999 BRICKELL AVENUE, SUITE 300 Address Address 999 BRICKELL AVENUE, SUITE 300

City-State-Zip: MIAMI FL 33131 MIAMI FL 33131 City-State-Zip:

Title **SECRETARY** Title MGR, COO, VP, ASST. SECRETARY

Name BERLANT, JOEL M Name SCHEER, MARK J.

Address 999 BRICKELL AVENUE, SUITE 300 Address 999 BRICKELL AVENUE, SUITE 300

MIAMI FL 33131 City-State-Zip: City-State-Zip: MIAMI FL 33131

ASSISTANT VICE PRESIDENT Title Title **MANAGER** 

Name BRAVO, CARLOS E PARDO, RAFAEL Name

Address 999 BRICKELL AVENUE, SUITE 300 999 BRICKELL AVENUE, SUITE 300 Address

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

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: JOEL M. BERLANT Electronic Signature of Signing Authorized Person(s) Detail

**SECRETARY** 

01/13/2022

Date

**FILED** Jan 13, 2022

**Secretary of State** 

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