# 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L18000168556

Entity Name: PATRICIA'S HELPING HANDS LLC

### **Current Principal Place of Business:**

2965 SPRING HILL ROAD BONIDAY, FL 32425

### **Current Mailing Address:**

P.O.BOX 82 PONCE DELEON, FL 32455 US

# FEI Number: 83-1234051

### Name and Address of Current Registered Agent:

BROWN, PATRICIA S 2965 SPRING HILL ROAD BONIFAY, FL 32425 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: BROWN PATRICIA S

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title	CFO
Name	BROWN , PATRICIA S
Address	2965 SPRING HILL ROAD
City-State-Zip:	BONIFAY FL 32425

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: BROWN PATRICIA S

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Apr 10, 2019 Secretary of State 7121868368CC

Certificate of Status Desired: Yes

04/10/2019 Date

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