## 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: KEITH FLEETWOOD

Electronic Signature of Signing Authorized Person(s) Detail

EAST PALATKA FL 32131

Entity Name: FLEETWOOD'S HELPING HANDS LLC

## **Current Mailing Address:**

102 CYPRESS POINT CIRCLE

DOCUMENT# L19000005189

**Current Principal Place of Business:** 

**102 CYPRESS POINT CIRCLE** EAST PALATKA FL 32131

### FEI Number: 83-3078098

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

Electronic Signature of Registered Agent

FLEETWOOD, KEITH J 102 CYPRESS POINT CIRCLE EAST PALATKA, FL 32131 US

Authorized Person(s) Detail :

AP

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:

Title

Name	FLEETWOOD, KEITH J	Name	FLEETWOOD, DIANNE S
Address	102 CYPRESS POINT CIRCLE	Address	102 CYPRESS POINT CIRCLE
City-State-Zip:	EAST PALATKA FL 32131	City-State-Zip:	EAST PALATKA FL 32131

Title

Mar 24, 2022 Secretary of State 4401629132CC

Date

FILED

Certificate of Status Desired: No

AP

OWNER

03/24/2022 Date

# 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT