

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000214225

Entity Name: HOUR HELPING HANDS LLC**Current Principal Place of Business:**1067 CENTER STONE LN
RIVIERA BEACH, FL 33404**Current Mailing Address:**1067 CENTER STONE LN
RIVIERA BEACH, FL 33404 US**FEI Number:** 86-3722558**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YOUNG, NICOLE
1067 CENTER STONE LN
RIVIERA BEACH, FL 33404 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:** NICOLE YOUNG

03/06/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name YOUNG, NICOLE
Address 1067 CENTER STONE LN
City-State-Zip: RIVIERA BEACH FL 33404

Title SVP
Name KIMBRO, ARIYONNE N
Address 2828 TENNIS CLUB #403
City-State-Zip: WEST PALM BEACH FL 33417

Title VP
Name KIMBRO, JAYREE T
Address 5352 BEECHWOOD AVE
City-State-Zip: MAPLE HTS OH 44137

Title MGR
Name PASCHAL, ALVIN N IV
Address 1067 CENTER STONE LN
City-State-Zip: RIVIERA BEACH FL 33404

Title CFO
Name PASCHAL, DESTINY A
Address 206 PEDALS RD
City-State-Zip: FORT PIERCE FL 34947

Title COO
Name CRAIG, VERA M
Address 104 NE 7TH AVE #201
City-State-Zip: BOYNTON BEACH FL 33435

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: NICOLE YOUNG

PRESIDENT

03/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date