

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000529685

**Entity Name:** HELPING HANDS CPR & FIRST AID TRAINING, LLC

**Current Principal Place of Business:**

5413 AMARYLLIS GARDEN STREET  
APOLLO BEACH, FL 33572

**Current Mailing Address:**

5413 AMARYLLIS GARDEN STREET  
APOLLO BEACH, FL 33572 US

**FEI Number:** 93-4692568

**Certificate of Status Desired:** Yes

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

SMITH, MARY A  
5413 AMARYLLIS GARDEN STREET  
APOLLO BEACH, FL 33572 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 AR  
Name SMITH, MARY A  
Address 5413 AMARYLLIS GARDEN STREET  
City-State-Zip: APOLLO BEACH FL 33572

*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:** MARY SMITH

AR

04/30/2024

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

\_\_\_\_\_ Date