

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000006344

**Entity Name:** HAUSHELPERS PROPERTIES, LLC

**Current Principal Place of Business:**

46 LE MANS DRIVE  
NAPLES, FL 34112

**Current Mailing Address:**

46 LE MANS DRIVE  
NAPLES, FL 34112 US

**FEI Number: 81-3439100**

**Certificate of Status Desired:** No

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

HAUSKNECHT, KATHLEEN L  
46 LE MANS DRIVE  
NAPLES, FL 34112 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           | MGR                    | Title           | MGR                 |
| Name            | HAUSKNECHT, KATHLEEN L | Name            | HAUSKNECHT, JASON M |
| Address         | 46 LE MANS DRIVE       | Address         | 46 LE MANS DRIVE    |
| City-State-Zip: | NAPLES FL 34112        | City-State-Zip: | NAPLES FL 34112     |

*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: KATHLEEN L HAUSKNECHT**

**MGR**

**04/20/2017**

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

\_\_\_\_\_  
Date