

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 01, 2002 8:00 am
Secretary of State

05-22-2002 90273 020 ****50.00

DOCUMENT # L00000002799
1. Entity Name
Helf Consulting L.L.C.

95770

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
80 Park Drive #1
1040 9th St #2
Suite, Apt. #, etc.
City & State Bay Harbor Islands FL
Zip 33154 Country U.S.A.

3. Mailing Address
Bay Harbor, FL
1040 9th St #2
Suite, Apt. #, etc. (Address change since filing in May)
City & State Bay Harbor Islands FL
Zip 33154 Country USA

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4. FEI Number 65-0982272
Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name Claire Helf
Street Address (P.O. Box Number is Not Acceptable)
1040 9th St. #2
City Bay Harbor Islands FL Zip Code 33154

8. 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 Claire Helf
Signature, typed or printed name of registered agent and title if applicable.
DATE 4/29/02

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP Managing Member / Principal Claire Helf 80 Park Drive #1	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Claire Helf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
DATE 4/29/02
Daytime Phone #