

1002-2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # L00000007039
1. Entity Name
Family matters, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 13 PM 12:49

LR 6/24

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1819 MARYSVILLE DR
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 390968
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DELTONA FL

City & State
DELTONA FL

Zip
32725

Country
VOLUSIA

Zip
32739-0968

Country
VOLUSIA

4. FEI Number
59-3653698

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JOHN W. HELLE

Street Address (P.O. Box Number is Not Acceptable)
1819 MARYSVILLE DR

City
DELTONA

FL Zip Code
32725

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM - PRESIDENT</u> <u>JOHN W. HELLE</u> <u>1819 MARYSVILLE DR</u> <u>DELTONA FL 32725</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM - TREASURER</u> <u>DENICE L. HELLE</u> <u>1819 MARYSVILLE DR</u> <u>DELTONA FL 32725</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>400020825804</u> <u>06/13/03-01073-007</u> <u>**105.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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: John W. Helle Denice Helle 5/31/03 386860-7206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment #

2 of 2

Family Matters
P.O. Box 390968
Deltona, Fl. 32739-0968
386-860-7206

June 2, 2003

To Whom It May Concern:

I am sending a completed UBR form along with a check for \$105.00 to get our business in good standing again. We failed to complete these forms due to the fact that we didn't receive them at our new address. We sent out information regarding our change of address but it seems that you didn't receive the notice, it didn't get changed in the file by one of your employees or we accidentally missed sending information to you. Either way we want to make sure you have the current address on file and this isn't a problem in the future. We are relatively a new company and didn't recall that this was a form that we are required to complete each year therefore it was not something we missed when we didn't receive it.

Our new address is on the form and at the top of this letter. Please make sure it gets corrected in your file please.

If you have any other questions regarding this filing or the change of address we are requesting, please call me at 386-860-7206.

We would appreciate it if you could notify us as soon as possible when we are good standing as we are trying to take care of some other business that requires this information. If possible you may fax me a notice showing we are in good standing at 386-860-6746. Anything you could do to accelerate this filing would be appreciated.

Sincerely,


Denice Helle

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