

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012836

FILED  
Mar 19, 2004  
Secretary of State

Entity Name: 247 LIVE HELP LLC

**Current Principal Place of Business:**

13727 SW 1ST LANE  
NEWBERRY, FL 32669

**New Principal Place of Business:**

**Current Mailing Address:**

13727 SW 1ST LANE  
NEWBERRY, FL 32669

**New Mailing Address:**

FEI Number: 65-1144978

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DRASSINOWER, CARLOS S  
13727 SW 1ST LANE  
NEWBERRY, FL 32669 US

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

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

**MANAGING MEMBERS/MEMBERS:**

Title: PCEO ( ) Delete  
Name: DRASSINOWER, CARLOS S  
Address: 13727 SW 1ST LANE  
City-St-Zip: NEWBERRY, FL 32669

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DRASSINOWER, CARLOS S  
Address: 13727 SW 1ST LANE  
City-St-Zip: NEWBERRY, FL 32669

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: CARLOS DRASSINOWER

MGR

03/19/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date