

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 16, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # L01000018641**

1. Entity Name  
**SANTA'S HELPER, LC**



Principal Place of Business  
**18200 PANTHER TRAIL LANE  
NORTH FT. MYERS, FL 33917**

Mailing Address  
**18200 PANTHER TRAIL LANE  
NORTH FT. MYERS, FL 33917**



04032004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0550823**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LISTOWSKI, CHARLES W  
18200 PANTHER TRAIL LANE  
NORTH FT. MYERS, FL 33917**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000116820  
04/16/04-20080-018 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LISTOWSKI, BRENDA B  
18200 PANTHER TRAIL  
NORTH FORT MYERS, FL 33917**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #