

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

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90013 004 \*\*\*\*\*50.00

<b>DOCUMENT #</b> L02000027529 <b>1. Entity Name</b> THE PILLHELP COMPANY, LLC					
DO NOT WRITE IN THIS SPACE					
<b>2. Principal Place of Business</b> 8191 BRETON CREEK Suite, Apt. #, etc.			<b>3. Mailing Address</b> 8191 BRETON CREEK Suite, Apt. #, etc.		
City & State FT. MYERS FL Zip 33912			City & State FT. MYERS FL Zip 33912		
			DO NOT WRITE IN THIS SPACE		
<b>4. FEI Number</b>			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b>			<input type="checkbox"/> \$5.00 Additional Fee Required		
DO NOT WRITE IN THIS SPACE			<b>7. Name and Address of Current Registered Agent</b>		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>DUE BY MAY 1</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE	DONALD THIBODEAU		TITLE		
NAME	8191 BRETON CREEK		NAME		
STREET ADDRESS	FT. MYERS FL 33912		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		PRESIDENT		3/28/3	
				239-939-3949	

CR2E083B (12/02)