

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000026431

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** HELPING HANDS MEDICAL EQUIPMENT, LLC

**Current Principal Place of Business:**

4479 N. STATE RD 7  
FORT LAUDERDALE, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

4479 N. STATE RD 7  
FORT LAUDERDALE, FL 33319

**New Mailing Address:**

**FEI Number:** 20-0107974

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOEL FRIEND AND ASSOCIATES, INC.  
2863 EXECUTIVE PARK DRIVE  
SUITE 105  
WESTON, FL 33331 US

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

LEYVA, DEBBIE  
4479 N STATE RD 7  
FORT LAUDERDALE, FL 33319 US

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: DEBBIE LEYVA

04/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LEYVA, DEBBIE  
Address: 4479 N. STATE RD 7  
City-St-Zip: FORT LAUDERDALE, FL 33319

I hereby 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: DEBBIE LEYVA

MGR

04/21/2011

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