


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000055168 1. Entity Name ROLLIE'S HELPING HANDS, LLC	
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Principal Place of Business 1255 LEEWARD RD. VENICE, FL 34293	Mailing Address 1255 LEEWARD RD. VENICE, FL 34293
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01082005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 36-6447132	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SERRELS, ROLAND D 1255 LEEWARD RD. VENICE, FL 34293

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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 <u><i>Roland D. Serrels</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>1-8-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SERRELS, ROLAND 1255 LEEWARD RD. VENICE, FL 34293
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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: <u><i>Roland D. Serrels</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <u>1-8-05</u> <small>Date Daytime Phone #</small>