

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2008 8:00 am
Secretary of State

05-15-2008 90081 041 ****50.00
07-25-2008 90015 019 ****88.75

DOCUMENT # L04000034889 1. Entity Name KATHY VANCE'S "GRANNYS LIL HELPER" L.L.C.																											
Principal Place of Business 3722 S LOCKWOOD RIDGE RD SARASOTA, FL 34239		Mailing Address 3722 S LOCKWOOD RIDGE RD SARASOTA, FL 34239																									
2. Principal Place of Business - No P.O. Box # 3722 S Lockwood Ridge Rd		3. Mailing Address SAME																									
Suite, Apt. #, etc. S		Suite, Apt. #, etc. AS ABOVE																									
City & State SARASOTA FL		City & State SARASOTA FL																									
Zip 34239		Zip 34239																									
Country USA		Country USA																									
4. FEI Number 13-4211731		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent VANCE, KATHY 3722 S. LOCKWOOD RIDGE RD SARASOTA, FL 34239		7. Name and Address of New Registered Agent Name VANCE Kathy Street Address (R.O. Box Number is Not Acceptable) 3722 S. Lockwood Ridge Rd City SARASOTA FL Zip Code 34239																									
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>Kathy Vance</u> DATE <u>6-18-08</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																											
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.																									
Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VANCE, KATHY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3722 S. LOCKWOOD RIDGE RD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SARASOTA, FL 34232</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	VANCE, KATHY		STREET ADDRESS	3722 S. LOCKWOOD RIDGE RD		CITY - ST - ZIP	SARASOTA, FL 34232		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>NONE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NONE		STREET ADDRESS			CITY - ST - ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Kathy Vance</u>		Date: <u>6-18-08</u>																									

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50008932



05142008 Chg-LLC CR2E083 (12/06)



ATTACHMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

50008932

May 28, 2008

KATHY VANCE'S "GRANNYS LIL HELPER" L.L.C.
3722 S LOCKWOOD RIDGE RD
SARASOTA, FL 34239

Subject: KATHY VANCE'S "GRANNYS LIL HELPER" L.L.C.

Reference Number: L04000034889

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed limited liability company annual report is \$138.75. If a certificate of status is desired, please add an additional \$5.00.

There is a balance due of \$88.75.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/np

ANNUAL REPORTS SECTION

*FWAS out of town for 1 mth
PLEASE EXCUSE the delay.*