2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/17/2005-90068-014-$50.00-$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT -5 AM 8:14

DOCUMENT # L04000040345

1. Entity Name
HOME HELP TECH, LLC

Principal Place of Business	Mailing Address
3101 NE 8 TERRACE POMPANO BEACH, FL 33064	3101 NE 8 TERRACE POMPANO BEACH, FL 33064

08152005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3101 NE 8 TERRACE	3101 NE 8 TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Bch Fla 33064	City & State: Pompano Fla
Zip: 33064 Country: Broward	Zip: 33064 Country: Broward

4. FEI Number 20-1172140 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SILVERIO, ROGER J 6200 SW 16TH STREET POMPANO BEACH, FL 33068	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] 9/6/05
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 September 7, 2005

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, CLAYTON R 3101 NE 8 TERRACE POMPANO BEACH, FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVERIO, ROGER J 6200 SW 16TH STREET POMPANO BEACH, FL 33068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2005
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 8/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #