

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079641

FILED
Jul 31, 2008
Secretary of State

Entity Name: HELP BAINET FOUNDATION, (HB), LLC

Current Principal Place of Business:

1265 ROSEGATE BLVD.
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

1265 ROSEGATE BLVD.
RIVIERA BEACH, FL 33404

New Mailing Address:

P.O BOX 243091
BOYNTON BEACH, FL 33424

FEI Number: 35-2313422 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PETION, FRANCK
1265 ROSEGATE BLVD.
RIVIERA BEACH, FL 33404 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: PETION, FRANCK
Address: 1265 ROSEGATE BLVD.
City-St-Zip: RIVIERA BEACH, FL 33404

Title: VP () Delete
Name: DOUBLAS, PAUL
Address: 1050 COUNTRY CLUB DR APT. 303
City-St-Zip: MARGATE, FL 33063

Title: T () Delete
Name: JACQUES, CHERLY
Address: 5100 SW 10TH COURT
City-St-Zip: MARGATE, FL 33068

Title: S () Delete
Name: FREDERIQUE, NADINE
Address: 6070 SERENE RUN
City-St-Zip: LAKE WORTH, FL 33467

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LABBE, JOHN
Address: 6070 SERENE RUN
City-St-Zip: LAKE WORTH, FL 33467

Title: AS () Change (X) Addition
Name: FREDERIQUE, FABIANA
Address: 16 GRANGE PLACE
City-St-Zip: BOYNTON BEACH, FL 33426

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN LABBE

D

07/31/2008

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