

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000079847

**FILED**  
**Apr 19, 2007**  
**Secretary of State**

**Entity Name:** HELMS INVESTMENT SERVICES, LLC

**Current Principal Place of Business:**

1823 WEEKS AVE  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

1823 WEEKS AVE  
ORLANDO, FL 32806 US

**New Mailing Address:**

PO BOX 541534  
ORLANDO, FL 32854 US

**FEI Number:** 20-1909206

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HELMS, BRIAN D  
1823 WEEKS AVE  
ORLANDO, FL FL 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: MGR ( ) Delete  
Name: HELMS, BRIAN D  
Address: 1823 WEEKS AVE  
City-St-Zip: ORLANDO, FL 32806

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HELMS, BRIAN D  
Address: PO BOX 541534  
City-St-Zip: ORLANDO, FL 32854

I hereby certify that the information supplied with this filing does not qualify for the 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:** BRIAN D HELMS

MGR

04/19/2007

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