

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048489

FILED
May 07, 2007
Secretary of State

Entity Name: HOME HELPERS OF FLORIDA, LLC.

Current Principal Place of Business:

3432 US HWY 19
STE K
HOLIDAY, FL 34691

New Principal Place of Business:

3434 PINEHURST DRIVE
HOLIDAY, FL 34691

Current Mailing Address:

3432 US HWY 19
STE K
HOLIDAY, FL 34691

New Mailing Address:

3434 PINEHURST DRIVE
HOLIDAY, FL 34691

FEI Number: 20-2848060 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:

FINKEL, AARON
3432 US HWY 19,
STE K
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

FINKEL, AARON
3434 PINEHURST DRIVE
HOLIDAY, FL 34691 US

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: _____

05/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: FINKEL, AARON
Address: 3434 PINEHURST DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: D () Delete
Name: KRIMITSOS, CHRIS
Address: 3432 US HWY 19, STE K
City-St-Zip: HOLIDAY, FL 34691

Title: MGRM () Delete
Name: FINKEL, RONALD
Address: 3434 PINEHURST DR.
City-St-Zip: HOLIDAY, FL 34691

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:

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: AARON FINKEL

PRES

05/07/2007

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