

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050511

Entity Name: HELM SYSTEMS, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

5201 BLUE LAGOON DRV,
928
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

4624 NW 114TH AVE
906
DORAL, FL 33178

New Mailing Address:

FEI Number: 20-2872922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARISTA, EDUARDO R ESQ
515 GABLES INTERNATIONAL PLAZA
2655 S LE JEUNE RD
CORAL GABLES, FL 33134 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: MGRM () Delete
Name: MORTAKIS, MYRON
Address: 4624 NW 114TH AVE, #906
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: MORTAKIS, GEORGIOS
Address: 4624 NW 114TH AVE, #912
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: VAN KERKHOF, NICOLE
Address: 4624 NW 114TH AVE, #906
City-St-Zip: DORAL, FL 33178

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: MYRON MORTAKIS

MGRM

04/28/2009

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