

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000058694

Entity Name: HANDS OF HOPE, LLC

**FILED**  
**Apr 08, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

7701 TIMBERLIN PARK BLVD.  
1525  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

7701 TIMBERLIN PARK BLVD.  
1525  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 75-3200739

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EVANS HOPE, AMELIA  
7701 TIMBERLIN PARK BLVD. #1525  
JACKSONVILLE, FL 32256 US

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

EVANS HOPE, AMELIA  
7701 TIMBERLIN PARK BLVD.  
#1525  
JACKSONVILLE, FL 32256 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: AMEILA HOPE EVANS

04/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOPE EVANS, AMELIA  
Address: 4426 THICKET RIDGE LN  
City-St-Zip: JACKSONVILLE, FL 32258

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HOPE EVANS, AMELIA  
Address: 7701 TIMBERLIN PARK BLVD.#1525  
City-St-Zip: JACKSONVILLE, FL 32256

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: AMELIA HOPE EVANS

MGRM

04/08/2007

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