

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000058694

Entity Name: HANDS OF HOPE, LLC

**FILED**  
**Apr 26, 2010**  
**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:**

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  
Name: HOPE EVANS, AMELIA  
Address: 7701 TIMBERLIN PARK BLVD.#1525  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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

04/26/2010

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