## 2006 LIMITED LIABILITY COMPANY

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

## Feb 13, 2006 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # L05000091298** 02-13-2006 90192 006 \*\*\*\*50.00 HELP IS ON THE WAY DELIVERIES, LLC Principal Place of Business Mailing Address 4065 NORTH HAVERHILL ROAD STE B3309 4065 NORTH HAVERHILL ROAD STE B3309 20007556 WEST PALM BEACH, FL 33417 WEST PALM BEACH, FL 33417 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082006 Chq-LLC CR2E083 (11/05) City & State City & State Applied For 4. FEI Number OY-3828386 Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZHANE REAL ESTATE INVESTMENTS Street Address (P.O. Box Number is Not Acceptable) 4065 NORTH HAVERHILL ROAD STE B3309 WEST PALM BEACH, FL 33417 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Change 2 HANE REAL ESTATE ENVESTMENTS YOU'S MONTH HAVERHILL ROAD SMITE B3309 TITLE MGR TITLE Addition BROOKINS, ANTHONY NAME NAME 4065 NORTH HAVERHILL ROAD STE B3309 STREET ADDRESS STREET ADDRESS WEST PALM BEAUT, FL 33417 CITY-ST-7IP WEST PALM BEACH, FL 33417 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE BROOKINS, HEATHER NAME NAME STREET ADDRESS 4065 NORTH HAVERHILL ROAD STE B3309 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH, FL 33417 Delete TIT: E Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME

**FILED** 

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME