


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90011 038 ***138.75

DOCUMENT # L05000093827	
1. Entity Name BRANDON H. HELTON LLC	

Principal Place of Business 87 TAFFLINGER RD CRAWFORDVILLE, FL 32327	Mailing Address 87 TAFFLINGER RD CRAWFORDVILLE, FL 32327
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60027737



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04032008 Chg-LLC CR2E083 (12/06)

4. FEI Number 54-0504228	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
MCKAYE, MORGAN 87 TAFFLINGER RD CRAWFORDVILLE, FL 32327	

7. Name and Address of New Registered Agent	
Name: Morgan Helton	
Street Address (P.O. Box Number is Not Acceptable)	

8. The above named entity submits this statement of the obligations of registered agent.	
SIGNATURE: <i>Morgan Helton</i>	DATE: 4-3-07

7. Name and Address of New Registered Agent	
7 Taflinger Road	
Crawfordville	FL 32327

I am familiar with, and accept the duties of registered agent, or both, in the State of Florida. I am familiar with, and accept the duties of registered agent, or both, in the State of Florida.	
DATE: 4-3-07	

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HELTON, BRANDON 87 TAFFLINGER RD CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: <i>Brandon Helton</i>	4-23-08 850-694-2681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #