

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096517

FILED
Aug 30, 2006
Secretary of State

Entity Name: HELPING HANDS LLC

Current Principal Place of Business:

333 NW 46TH AVE
OCALA, FL 34482

New Principal Place of Business:

9311 SPRING RD.
OCALA, FL 34472

Current Mailing Address:

333 NW 46TH AVE
OCALA, FL 34482

New Mailing Address:

9311 SPRING RD.
OCALA, FL 34472

FEI Number: 73-1705997 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HAYES, MARIE
333 NW 46TH AVE
OCALA, FL 34482 US

Name and Address of New Registered Agent:

HAYES, MARIE
9311 SPRING RD.
OCALA, FL 34472 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: MARIE HAYES

08/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAYES, MARIE
Address: 333 NW 46TH AVE
City-St-Zip: OCALA, FL 34482

Title: MGRM () Delete
Name: MOORE, LATANYA
Address: 333 NW 46TH AVE
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAYES, MARIE
Address: 9311 SPRING RD.
City-St-Zip: OCALA, FL 34472

Title: MGRM (X) Change () Addition
Name: MOORE, LATANYA
Address: 9311 SPRING RD.
City-St-Zip: OCALA, FL 34472

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: MARIE HAYES

MGRM

08/30/2006

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