

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90436 017 ****50.00

DOCUMENT # L06000011626

1. Entity Name
HELSLEY ENTERPRISES LLC



Principal Place of Business
~~1527 WEST EUCLID AVE.~~
~~DELAND, FL 32720 US~~

Mailing Address
~~1527 WEST EUCLID AVE.~~
~~DELAND, FL 32720 US~~

60051104



01242007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
590 S Ridgewood Ave
Suite, Apt. #, etc.

3. Mailing Address
590 S Ridgewood Ave
Suite, Apt. #, etc.

City & State
DeLand FL
Zip 32720 Country USA

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DeLand FL
Zip 32720 Country USA

4. FEI Number
11-3769898
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HELSLEY, ROBERT L III
~~1527 WEST EUCLID AVE.~~
~~DELAND, FL 32720~~

7. Name and Address of New Registered Agent

Name
Helsley Robert L III
Street Address (P.O. Box Number is Not Acceptable)
590 South Ridgewood Ave
City DeLand FL Zip Code 32720

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 Robert L Helsley III manager Robert L Helsley III 03-30-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HELSLEY, ROBERT L III
STREET ADDRESS 1527 WEST EUCLID AVE. 590 South Ridgewood Ave
CITY-ST-ZIP DELAND, FL 32720 DeLand FL 32720

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ 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.

SIGNATURE: Robert L Helsley III manager 03-30-07 386-785-3470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #