## FILED May 22, 2008 8:00 am Secretary of State

2006 LIMITED LIABILITY COMPAN	41
ANNUAL REPORT	

DOCUMENT # L06000022320  1. Entity Name HELI HOLDINGS, LLC							05-22-2008	90515 0	41 ***138	8.75	
Principal Place of Business 8105 W. 20TH AVENUE HIALEAH, FL 33014			Mailing Address 8105 W. 20TH AVENUE HIALEAH, FL 33014			60043860					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04292008	Chg-LLC	CR2E0	83 (12/06)		
City & State			City & State			4. FEI Numb	ber ED FOR	•	_ <del></del>	plied For t Applicable	
Zip		Country	Zip	Cour	ntry	5. Certificate	ate of Status Desired				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent											
ROZENCV	VAIG, NAC	EL & FERRERO-CA	RR, LLP		Name						
301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009			, , , ,		Street Address (	ldress (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Code	э	
			the purpose of changing its	register	ed office or register	red agent, or b	oth, in the State of Flo		familiar with,	and accept	
the obligations of registered agent.  SIGNATURE											
	Signature, typed of	or printed name of registered agent a	nd title if applicable (NOT	E Registere	ed Agent signature required	I when reinstating)	1	DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							I .	e check p Departm	ayable to ent of State	•	
9.	T	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
111LE NAME	MGRM	CTOR P	☐ Delete	TITL					Change	Addition	
STREET ADDRESS	8 8105 W. 20TH AVENUE STRE			EET ADORESS							
CITY-ST-ZIP				'-ST-ZIP							
NAME	MGRM Delete TITL ORTIZ, LINDA T							Change	Addition		
STREET ADDRESS	8105 W. 20TH AVENUE			EET ADDRESS '- ST- ZIP							
TITLE	HIALEAH, FL 33014 CIIY								☐ Change	Addition	
NAME STREET ADDRESS	NAM				IE EET ADDRESS						
CITY-ST-ZIP					1-ST-ZIP						
TITLE			☐ Delete	TITL					☐ Change	☐ Addition	
NAME STREET ADDRESS				NAM STR	ie Eet address						
CITY-ST-ZIP		-			'-S1-ZIP						
TITLE NAME			☐ Delete	TITE					☐ Change	☐ Addition	
STREET ADORESS					EET ADDRESS						
CITY-ST-ZIP				CITY	'-\$1-ZIP						
TITLE NAME			☐ Delete	TITL NAM					Change	Addition	
STREET ADORESS				STR	EET ADDRESS						
CATY-ST-ZIP			G. Pr. de la companya		r-ST-ZIP				4 12 11		
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: Sanda T. Outo											
SIGNAI	SIGNATURE A	IND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MA	NAGER, OI	R AUTHORIZED REPRESE	ENTATIVE	Date		aytime Phone #	<del></del>	