

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053497

FILED
Apr 14, 2007
Secretary of State

Entity Name: HELPING HANDS HOME SERVICE, L.L.C.

Current Principal Place of Business:

20639 DENNISPORT LANE
N. FT. MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

20639 DENNISPORT LANE
N. FT. MYERS, FL 33917

New Mailing Address:

FEI Number: 20-4927375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, CHRISTINE F ESQ
4427 S.E. 16TH PLACE #2
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZASADA, SHARON
Address: 20639 DENNISPORT LANE
City-St-Zip: N. FT. MYERS, FL 33917

Title: MGR () Delete
Name: LARSON, SCOTT
Address: 2511 LUTHER ROAD #1021
City-St-Zip: PUNTA GORDAS, FL 33983

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHARONZASADA

MGRM

04/14/2007

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