


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90504 001 \*\*\*\*\*5.00  
04-23-2007 90504 002 \*\*\*\*\*50.00

<b>DOCUMENT # L06000106604</b> 1. Entity Name <b>SYLVIANNA'S HELPING SERVICE LLC</b>					
Principal Place of Business <b>6554 WEST SAMPY ROAD CORAL SPRINGS, FL 33067</b>			Mailing Address <b>6554 WEST SAMPY ROAD CORAL SPRINGS, FL 33067</b>		
2. Principal Place of Business - No P.O. Box # <b>3001 Laurel Park Lane</b>		3. Mailing Address <b>P.O. Box 22323</b>			
Suite, Apt. #, etc. <b>105</b>		Suite, Apt. #, etc. <b>#105</b>			
City & State <b>Mississimmee FL</b>		City & State <b>Lake Buena Vista</b>		4. FEI Number <b>22-39455 68</b>	
Zip <b>34741</b>		Country <b>ORANGE</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA PA 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI, FL 33145</b>			7. Name and Address of New Registered Agent Name <b>Sylvia Collins</b> Street Address (P.O. Box Number is Not Acceptable) <b>3001 Laurel Park Lane</b> <b>#105</b> City <b>MISSISSIMMEE</b> <b>FL</b> Zip Code <b>34741</b>		
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 <u><i>Sylvia Collins</i></u> <b>Sylvia Collins</b> <span style="float: right;">04-16-07</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLINS, SYLVIA 6554 WEST SAMPY ROAD CORAL SPRINGS, FL 33067		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Sylvia's Helping Service</b> <b>3001 Laurel Park Lane</b> <b>#105, Mississimmee FL 34741</b>		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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.					
<b>SIGNATURE: <u><i>Sylvia Collins</i></u> <b>Sylvia Collins</b> 04-16-2007 407-847-7335</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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