

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115927

Entity Name: JAXHELP, LLC

FILED
May 13, 2009
Secretary of State

Current Principal Place of Business:

9501 PRECIOSA COURT
JACKSONVILLE, FL 32222

New Principal Place of Business:

410 FIRST STREET SOUTH
SUITE D
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

9501 PRECIOSA COURT
JACKSONVILLE, FL 32222

New Mailing Address:

410 FIRST STREET SOUTH
SUITE D
JACKSONVILLE BEACH, FL 32250

FEI Number: 83-0469428 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:

GHERARDI, MARTA E
9501 PRECIOSA COURT
JACKSONVILLE, FL 32222 US

Name and Address of New Registered Agent:

GHERARDI, MARTA E
410 FIRST STREET SOUTH
SUITE D
JACKSONVILLE BEACH, FL 32250 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: MARTA E. GHERARDI

05/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: GHERARDI, MARTA E
Address: 9501 PRECIOSA COURT
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: GHERARDI, MARTA E
Address: 410 FIRST STREET SOUTH, SUITE D
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify 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: MARTA E. GHERARDI

PRES

05/13/2009

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