

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023061

FILED
May 01, 2009
Secretary of State

Entity Name: HELPING HANDS ASSOCIATES LLC.

Current Principal Place of Business:

18520 N.W. 67TH AVENUE, SUITE 144
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

18520 N.W. 67TH AVENUE, SUITE 144
MIAMI, FL 33015

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

FERGUSON, KATRYNA R
4371 NW 173 DRIVE
MIAMI, FL 33055 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: KATRYNA R. FERGUSON

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FERGUSON, IRAM JR.
Address: 18520 N.W. 67TH AVENUE, SUITE 144
City-St-Zip: MIAMI, FL 33015

Title: MGR () Delete
Name: FERGUSON, KATRYNA R JR.
Address: 18520 N.W. 67TH AVENUE, SUITE 144
City-St-Zip: MIAMI, FL 33015

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 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: IRAM FERGUSON, JR.

MGR

05/01/2009

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