

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90118 040 ***143.75

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1. Entity Name
A TEACHER'S HELPING HAND, LLC



Principal Place of Business
2071 WINDWARD PASS
LAKELAND, FL 33813 US

Mailing Address
PO BOX 1626
HIGHLAND CITY, FL 33846-1626

60002683



2. Principal Place of Business - No P.O. Box #
2071 Windward Pass

3. Mailing Address
P.O. Box 1626

Suite, Apt. #, etc.

01182008 Chg-LLC CR2E083 (12/06)

City & State
Lakeland, FL

City & State
Highland City, FL

Zip 33813 Country USA

Zip 33846-1626 Country USA

4. FEI Number
32-0229450

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DE SOUZA, ANTHONY G
2071 WINDWARD PASS
LAKELAND, FL 33813

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, the registered agent.

SIGNATURE *Anthony G. De Souza* Anthony G. De Souza, President & CEO 1/18/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete

NAME CRUM, ANGEL

STREET ADDRESS 403 POOL BRANCH ROAD

CITY-ST-ZIP FORT MEADE, FL 33841

TITLE MGR ☐ Delete

NAME HELVESTON, PAMELA

STREET ADDRESS POST OFFICE BOX 194

CITY-ST-ZIP FORT MEADE, FL 33841

TITLE MGR ☐ Delete

NAME DE SOUZA, ANTHONY G

STREET ADDRESS POST OFFICE BOX 1626

CITY-ST-ZIP HIGHLAND CITY, FL 338461626

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE MGR ☐ Change ☒ Addition

NAME ~~CRUM, ANGEL~~ Lanfair, William D.

STREET ADDRESS 502 Pool Branch Road

CITY-ST-ZIP FORT MEADE, FL 33841

TITLE MGR ☐ Change ☒ Addition

NAME Lanfair, Jackie

STREET ADDRESS 502 Pool Branch Road

CITY-ST-ZIP Fort Meade, FL 33841

TITLE MGR ☒ Change ☐ Addition

NAME Helveston, Pamela

STREET ADDRESS 504 Pool Branch Road

CITY-ST-ZIP Ft. Meade, FL 33841

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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: *Anthony G. De Souza* Anthony G. De Souza 1/18/08 863-430-4480

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Pamela Helveston Pamela Helveston 1-18-08