2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L07000070320 HELICOMMERCE, LLC 08 APR 22 PM 3: 30 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 11030 S.W. 3 STREET 11030 S.W. 3 STREET MIAMI, FL 33174 MIAMI, FL 33174 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092008 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4 FELNumber 3966077 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 Zip Code City 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 Signature, typed or printed name of registered agent and life if applicable (NOTE: Registe DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR -Change Change TITLE ☐ Delete TITLE ■ Addition NAME NAME Sanchez, Vilma M. 300125042773 04/22/08--01011--014 **13 STREET ADDRESS STREET ADDRESS 11030 SW 3rd Street, Miami, Florida 33174 **138.75 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME Luque, Carlos E. STREET ADDRESS STREET ADDRESS 11030 SW 3rd Street, Miami, Florida 33174 CITY-ST-7P CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CfTY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIBLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CONTRACTOR WEST 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 emptywered to execute this report as required by Chapter 608, Florida Statutes. Vilma M. Sanchez, Manager FR. MANAGER, OR AUTHORIZED REPRESENTATIVE Destina Phone