

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024093

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** HOME HELP OF FLORIDA LLC

**Current Principal Place of Business:**

1921 NW 150 AVE  
SUITE B  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

1691 S. CORAL TER  
NORTH LAUDERDALE, FL 33068

**New Mailing Address:**

PO BOX 824705  
PEMBROKE PINES, FL 33082 47

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUBEO, PAUL S  
1691 S. CORAL TERR  
NORTH LAUDERDALE, FL 33068      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: RUBEO, PAUL S  
Address: 1691 S. CORAL TER.  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: MGRM      (X) Delete  
Name: RUBEO, DANELY Y  
Address: 1691 S. CORAL TER  
City-St-Zip: NORTH LAUDERDALE, FL 33068

**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: PAUL RUBEO

MGRM

04/20/2009

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