# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 11, 2009**
**Secretary of State**

DOCUMENT# L08000027285

**Entity Name:** HELPING HANDS OF THE PALM BEACHES, LLC

**Current Principal Place of Business:**

664 GAZETTA WAY
WEST PALM BEACH, FL 33413

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16304
WEST PALM BEACH, FL 33416

**New Mailing Address:**

664 GAZETTA WAY
WEST PALM BEACH, FL 33413

**FEI Number: 26-2441017** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

KELSH, KATHARINE E
664 GAZETTA WAY
WEST PALM BEACH, FL 33413 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: KELSH, KATHARINE E
Address: PO BOX 16304
City-St-Zip: WEST PALM BEACH, FL 33416

Title: MGRM (X) Delete
Name: KELSH, CAROL
Address: 664 GAZETTA WAY
City-St-Zip: WEST PALM BEACH, FL 33413

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: KELSH, KATHARINE E
Address: 664 GAZETTA WAY
City-St-Zip: WEST PALM BEACH, FL 33413

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: KATHARINE KELSH MGRM 04/11/2009

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