

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000048865

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: LENDING HAND SERVICES, LLC

**Current Principal Place of Business:**

401 NW WRIGHT BLVD  
STUART, FL 34994 US

**New Principal Place of Business:**

**Current Mailing Address:**

1625 SE HAVERFORD STREET  
PORT ST LUCIE, FL 34983 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

ORDWAY, TAMMY L  
1625 SE HAVERFORD STREET  
PORT ST LUCIE, FL 34983 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: ORDWAY, TAMMY L  
Address: 1625 SE HAVERFORD ST  
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: MGRM ( ) Delete  
Name: GRAFF, DOREEN L  
Address: 3778 SW SUNSET TRACE CIRCLE  
City-St-Zip: PALM CITY, FL 34990 US

**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: TAMMY L ORDWAY

MGRM

03/13/2009

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