

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000080133

**FILED**  
**May 05, 2010**  
**Secretary of State**

**Entity Name:** K.M. HELPING HANDS SERVICES, LLC

**Current Principal Place of Business:**

1259 WINDING ROSE WAY  
WEST PALM BEACH, FL 33415

**New Principal Place of Business:**

3279 CLINT MOORE ROAD  
APT 101  
BOCA RATON, FL 33496

**Current Mailing Address:**

1259 WINDING ROSE WAY  
WEST PALM BEACH, FL 33415

**New Mailing Address:**

3279 CLINT MOORE ROAD  
APT 101  
BOCA RATON, FL 33496

**FEI Number:** 26-3214002      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MERCADO, KRISTINE  
1259 WINDING ROSE WAY  
WEST PALM BEACH, FL 33415      US

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

MERCADO, KRISTINE  
3279 CLINT MOORE ROAD  
APT 101  
BOCA RATON, FL 33496      US

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

05/05/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MERCADO, KRISTINE  
**Address:** 3279 CLINT MOORE ROAD APT 101  
**City-St-Zip:** BOCA RATON, FL 33496

I hereby 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: KRISITNE MERCADO

MGRM

05/05/2010

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