2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 13, 2009
Secretary of State

DOCUMENT# L08000081082

Entity Name: HELPFUL LIVING PRODUCTS, LLC

Current Principal Place of Business:

4142 MARINER BLVD
216
SPRING HILL, FL 34609 US

New Principal Place of Business:

5125 PLUMOSA STREET
SPRING HILL, FL 34607 US

Current Mailing Address:

4142 MARINER BLVD
216
SPRING HILL, FL 34609 US

New Mailing Address:

5125 PLUMOSA STREET
SPRING HILL, FL 34607 US

FEI Number: 26-3366411 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

SMALL BUSINESS STARTUP CONSULTING, INC.
500 AUSTRALIAN AVENUE
600
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

EVANS, JAMES E MR.
5125 PLUMOSA STREET
SPRING HILL, FL 34607 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: JAMES E. EVANS 09/13/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KLEIN, JOSEPH
Address: 4142 MARINER BLVD #216
City-St-Zip: SPRING HILL, FL 34609 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KLEIN, JOSEPH
Address: 5125 PLUMOSA STREET
City-St-Zip: SPRING HILL, FL 34607 US

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: JOSEPH KLEIN MGRM 09/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date