

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109537

FILED
Jul 06, 2009
Secretary of State

Entity Name: A HELPING HAND IN-HOME CARE, LLC

Current Principal Place of Business:

86142 MORICHES DR
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

86142 MORICHES DR
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

INCORP SERVICES, INC.
17888 76TH COURT NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

AFFINITY LAW FIRM, P.L.
3947 BOULEVARD CENTER DRIVE
101
JACKSONVILLE, FL 32207 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: GUST G. SARRIS, ESQUIRE

07/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HIGGINBOTHAM, SUSAN J
Address: 86142 MORICHES DR.
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: MGR () Delete
Name: HIGGINBOTHAM, WILLIAM H SR.
Address: 86142 MORICHES DR.
City-St-Zip: FERNANDINA BEACH, FL 32034 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: WILLIAM HIGGINBOTHAM

MGR

07/06/2009

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