

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000020612

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** HELPING HANDS FAMILY SERVICES LLC

**Current Principal Place of Business:**

1800 CLEVELAND ST.  
CLEARWATER, FL 33765

**New Principal Place of Business:**

111 N. BELCHER RD.  
SUITE 202 B  
CLEARWATER, FL 33765

**Current Mailing Address:**

P.O. BOX 5627  
CLEARWATER, FL 33758

**New Mailing Address:**

**FEI Number:** 26-4361048

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

STAFFORD, GAYLEEN R  
1800 CLEVELAND ST.  
CLEARWATER, FL 33765 US

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

STAFFORD, GAYLEEN R  
111 N. BELCHER RD.  
SUITE 202 B  
CLEARWATER, FL 33765 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: GAYLEEN R. STAFFORD

04/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STAFFORD, GAYLEEN R  
Address: 111 N. BELCHER RD, SUITE 202 B  
City-St-Zip: CLEARWATER, FL 33765

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: GAYLEEN STAFFORD

MGR

04/15/2011

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