

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000090781

**FILED**  
**May 10, 2011**  
**Secretary of State**

**Entity Name:** HELP FAST LLC

**Current Principal Place of Business:**

7 LYNN COURT  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

7 LYNN COURT  
NEW SMYRNA BEACH, FL 32168 US

**Current Mailing Address:**

7 LYNN COURT  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

7 LYNN COURT  
NEW SMYRNA BEACH, FL 32168 US

**FEI Number:** 37-1608392

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

REVE, LINDA  
351 S. VOLUSIA AVENUE  
PIERSON, FL 32180 US

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

REVE, LINDA RA  
351 S. VOLUSIA AVENUE  
PIERSON, FL 32180 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: LINDA REVE

05/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: THOMPSON, HYLTON K MGRM  
Address: 7 LYNN COURT  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGR  
Name: JOSEFF, LENA M MGR  
Address: 7 LYNN COURT  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

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: LENA M. JOSEFF

MGR

05/10/2011

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