

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000052412

**Entity Name:** HELPING HANDS WAY, LLC

**FILED**  
**Oct 03, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

4613 NORTH UNIVERSITY DRIVE  
SUITE 223  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

725 NORTH RIO VISTA BLVD  
FT LAUDERDALE, FL 33301

**Current Mailing Address:**

4613 NORTH UNIVERSITY DRIVE  
SUITE 223  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

P.O. BOX 460383  
FT LAUDERDALE, FL 33346

**FEI Number:** 45-2085218

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POULSON, WILLIAM L  
4613 NORTH UNIVERSITY DRIVE  
SUITE 223  
CORAL SPRINGS, FL 33067 US

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

POULSON, WILLIAM L  
725 NORTH RIO VISTA BLVD  
FT LAUDERDALE, FL 33301 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: WILLIAM L POULSON

10/03/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: POULSON, WILLIAM L  
Address: 725 NORTH RIO VISTA BLVD  
City-St-Zip: FT LAUDERDALE, FL 33301

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: WILLIAM L POULSON

MGRM

10/03/2013

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