

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001477

FILED
Feb 08, 2006
Secretary of State

Entity Name: HEARTS&HANDS PERSONAL ASSISTANCE, LLC

Current Principal Place of Business:

3637 FOURTH STREET N, #395
SAINT PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

3637 FOURTH STREET N, #395
SAINT PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 59-3563574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUGHTON, BETH A
3637 4TH STREET N, #395
ST. PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOUGHTON, BETH
Address: 3637 FOURTH ST NORTH, #395
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: MGR () Delete
Name: BURKE, JOAN
Address: 3637 FOURTH ST NORTH, #395
City-St-Zip: SAINT PETERSBURG, FL 33704

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 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: JOAN BURKE

MGR

02/08/2006

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