

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90111 031 ****50.00

0035351

DOCUMENT # L99000001477

1. Entity Name

HEARTS&HANDS PERSONAL ASSISTANCE, LLC



Principal Place of Business

100 SECOND AVENUE SOUTH, SUITE 604
ST. PETERSBURG FL 33701

Mailing Address

100 SECOND AVENUE SOUTH, SUITE 604
ST. PETERSBURG FL 33701

2. Principal Place of Business

3637 FOURTH ST N #395

Suite, Apt. #, etc.

ST PETERSBURG FL

City & State

33704

Zip

Pinellas

3. Mailing Address

3637 FOURTH ST N.

Suite, Apt. #, etc.

#395

City & State

ST PETERSBURG FL

Zip

33704

Pinellas



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3563574

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KALISH, WILLIAM

101 EAST KENNEDY BLVD., SUITE 4100
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME HOUGHTON, BETH
STREET ADDRESS 100 SECOND AVENUE SOUTH, SUITE 604
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE MGR ☐ Delete
NAME BURKE, JOAN
STREET ADDRESS 100 SECOND AVENUE SOUTH, SUITE 604
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3637 FOURTH ST N #395
CITY-ST-ZIP ST PETERSBURG FL 33704

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3637 FOURTH ST N #395
CITY-ST-ZIP ST PETERSBURG FL 33704

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 **SIGNATURE REQUIRED**

4-15-03

727-821-2613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)