2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State
07-08-2004 90011 019 ****50.00

DOCUMENT # M03000001161

1. Entity Name
HELSEN'S LLC

Principal Place of Business
7260 STIRLING RD SUITE #203
HOLLYWOOD, FL 33024

Mailing Address
7260 STIRLING RD SUITE #203
HOLLYWOOD, FL 33024

07022004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business
5764 WILES RD
Suite, Apt. #, etc.
CORAL SPRINGS FL
City & State
33067 USA
Zip
Country

3. Mailing Address
3671 TURTLE RUN BLVD
Suite, Apt. #, etc.
#1316
City & State
CORAL SPRINGS FL
Zip
33067.
Country

4. FEI Number
01-0730806
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

XIA, V.Q.
7260 STIRLING RD SUITE #203
HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent

Name
XIA, V.Q.
Street Address (P.O. Box Number is Not Acceptable)
3671 TURTLE RUN BLVD #1316
CORAL SPRINGS
City
FL
Zip Code
33067

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)
07/02/04
DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM XIA, VIVIAN Q 7260 STIRLING RD SUITE #203 HOLLYWOOD, FL 33024 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM XIA, VIVIAN Q 3671 TURTLE RUN BLVD #1316 CORAL SPRINGS, FL 33067. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: XIA, V.Q. 07/02/04 954-822-4896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #