

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-09-2007 90341 039 *****50.00
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FILED

2007 APR 24 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M06000005006
1. Entity Name
HELENA LENDING SERVICES, LLC



Principal Place of Business
**225 SCHILLING BLVD., SUITE 430
COLLIERVILLE, TN 38017**

Mailing Address
**225 SCHILLING BLVD., SUITE 430
COLLIERVILLE, TN 38017**



01032007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5361219

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331**

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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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MCCARTY, MIKE 225 SCHILLING BLVD., SUITE 430 COLLIERVILLE, TN 38017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Operations NORTON, BARRY 225 SCHILLING BLVD., SUITE 430 COLLIERVILLE, TN 38017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President TRAXLER, TROY 225 SCHILLING BLVD., SUITE 430 COLLIERVILLE, TN 38017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RODRIGUE, LOUIS 225 SCHILLING BLVD., SUITE 430 COLLIERVILLE, TN 38017 <i>see Attached</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Controller Frank Patterson 225 Schilling Blvd Collierville, TN 38017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joan Murphy - Secretary 225 Schilling Blvd Collierville, TN 38017

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Troy Traxler Jr.* President - Troy Traxler Jr. 01/08/07 901-761-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Helena Lending Services, LLC

Officers

Name	Title	Address	Phone
Mike McCarty	Chairman of the Board and Chief Executive Officer	225 Schilling Blvd., Ste. 300 Collierville, TN 38017	901-761-0050
Troy Traxler	President	225 Schilling Blvd., Ste. 300 Collierville, TN 38017	901-761-0050
Barry Norton	Vice President, Operations	225 Schilling Blvd., Ste. 300 Collierville, TN 38017	901-761-0050
Joan Murphy	Secretary	225 Schilling Blvd., Ste. 300 Collierville, TN 38017	901-761-0050
Frank Patterson	Controller	225 Schilling Blvd., Ste. 300 Collierville, TN 38017	901-761-0050

ATTACHMENT

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