

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005006

FILED
Jan 06, 2009
Secretary of State

Entity Name: HELENA LENDING SERVICES, LLC

Current Principal Place of Business:

225 SCHILLING BLVD., SUITE 430
COLLIERVILLE, TN 38017

New Principal Place of Business:

Current Mailing Address:

225 SCHILLING BLVD., SUITE 430
COLLIERVILLE, TN 38017

New Mailing Address:

FEI Number: 20-5361219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: CEO () Delete
Name: MCCARTY, MIKE
Address: 225 SCHILLING BLVD., SUITE 430
City-St-Zip: COLLIERVILLE, TN 38017

Title: VP () Delete
Name: NORTON, BARRY
Address: 225 SCHILLING BLVD., SUITE 430
City-St-Zip: COLLIERVILLE, TN 38017

Title: P () Delete
Name: TRAXLER, TROY
Address: 225 SCHILLING BLVD., SUITE 430
City-St-Zip: COLLIERVILLE, TN 38017

Title: CN () Delete
Name: PATTERSON, FRANK
Address: 225 SCHILLING BLVD
City-St-Zip: COLLIERVILLE, TN 38017

Title: SEC () Delete
Name: MURPHY, JOAN
Address: 225 SCHILLING BLVD
City-St-Zip: COLLIERVILLE, TN 38017

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: FRANK PATTERSON

CN

01/06/2009

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