

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000066795

**Entity Name:** HELMS CONTRACTING LLC

**Current Principal Place of Business:**

678 WILL OWENS ROAD  
LAUREL HILL, FL 32567

**Current Mailing Address:**

P.O. BOX 1501  
CRESTVIEW, FL 32536 US

**FEI Number: 45-3608598**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HELMS, ROBERT OWNER  
678 WILL OWENS ROAD  
LAUREL HILL, FL 32567 US

*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: ROBERT HELMS**

**04/16/2013**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MRG	Title	MGRM
Name	HELMS, ROBERT A	Name	REEVES, CHRISTOPHER C
Address	PO BOX 1501	Address	8130 FOURTH STREET
City-State-Zip:	CRESTVIEW FL 32536	City-State-Zip:	LAUREL HILL FL 32567

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT HELMS**

**OWNER**

**04/16/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date