

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000068051

**Entity Name:** HELPING HANDS BOOKKEEPING SERVICES, LLC

**Current Principal Place of Business:**

23 ALAFAYA WOODS BLVD  
#171  
OVIEDO, FL 32765

**FILED**  
**Apr 24, 2013**  
**Secretary of State**  
**CC9853271129**

**Current Mailing Address:**

2432 S ORANGE AVE  
304  
ORLANDO, FL 32806 US

**FEI Number: 45-5337195**

**Certificate of Status Desired: No**

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

NELSON, KRYSTAL B  
2432 S ORANGE AVE  
304  
ORLANDO, FL 32806 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name NELSON, KRYSTAL B  
Address 2432 S ORANGE AVE  
304  
City-State-Zip: ORLANDO FL 32806

Title MGRM  
Name NELSON, JERMAINE D  
Address 2432 S ORANGE AVE  
304  
City-State-Zip: ORLANDO FL 32806

*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: KRYSTAL B NELSON**

**MGMR**

**04/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date