

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000035889

**Entity Name:** FLB HELP RESTORE CREDIT LLC

**Current Principal Place of Business:**

8931 BLIND PASS ROAD  
UNIT 159  
ST PETERSBURG BEACH, FL 33706

**Current Mailing Address:**

P O BOX 66404  
ST PETERSBURG BEACH, FL 33706-6404

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

DRAGON, DEBBIE L  
15019 MADEIRA WAY  
# 8622  
MADEIRA BEACH, FL 33738-8622 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 MGR  
Name BELHASSEN, FRANCK F  
Address P O BOX 66404  
City-State-Zip: ST PETERSBURG BEACH FL 33706-6404

Title MEM  
Name BROUSSARD, LEONA A  
Address P O BOX 66404  
City-State-Zip: ST PETERSBURG BEACH FL 33706-6404

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANCK BELHASSEN

**OWNER**

**04/25/2017**

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

\_\_\_\_\_  
Date