

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000202899

**Entity Name:** HELPING HANDS COMMUNITY SERVICES LLC

**Current Principal Place of Business:**

1601 N PALM AVE #205  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

4597 SW 129 AVE  
MIRAMAR, FL 33027 US

**FEI Number: 83-1809393**

**Certificate of Status Desired: Yes**

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

SALGADO, PATRICIA  
4597 SW 129 AVE  
MIRAMAR, FL 33027 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 SALGADO, PATRICIA  
Address 4597 SW 129 AVE  
City-State-Zip: MIRAMAR FL 33027

Title MGR  
Name NELSON, MARILINE  
Address 16733 SW 12 ST  
City-State-Zip: PEMBROKE PINES FL 33037

*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: PATRICIA SALGADO**

**CO-OWNER**

**01/17/2020**

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

\_\_\_\_\_  
Date