

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000234771

**Entity Name:** HELPING HAND SOLUTIONS LLC

**Current Principal Place of Business:**

4924 FLAMINGO DR  
ST JAMES CITY, FL 33956

**Current Mailing Address:**

4924 FLAMINGO DR  
ST JAMES CITY, FL 33956 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

GILLULY, SUSAN  
4924 FLAMINGO DR  
ST JAMES CITY, FL 33956 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 AMBR  
Name HORIZON TRUST CUSTODIAN FBO  
SUSAN GILLULY  
Address 6301 INDIAN SCHOOL RD NE, STE 614  
City-State-Zip: ALBUQUERQUE NM 87110

Title AMBR  
Name EQUITY TRUST CO CUSTODIAN FBO  
HENRY FOJAS ROTH IRA  
Address 4924 FLAMINGO DR  
City-State-Zip: ST JAMES CITY FL 33956

Title AMBR  
Name FOJAS, HENRY  
Address 4924 FLAMINGO DR  
City-State-Zip: ST JAMES CITY FL 33956

*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:** HENRY FOJAS

AMBR

03/19/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date