

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000200361

**FILED**  
**Mar 08, 2025**  
**Secretary of State**  
**6969977939CC**

**Entity Name:** HELPING HANDS HEALTH CENTER LLC

**Current Principal Place of Business:**

5404 HOOVER BLVD  
SUITE 16  
TAMPA, FL 33634

**Current Mailing Address:**

5404 HOOVER BLVD  
SUITE 16  
TAMPA, FL 33634 US

**FEI Number:** 86-3766194

**Certificate of Status Desired:** No

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

CHANG, MEI LIN  
5404 HOOVER BLVD  
SUITE 16  
TAMPA, FL 33634 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                      | Title           | AMBR                       |
| Name            | CHANG, MEI LIN            | Name            | LOPEZ GARRIDO, MILDRED     |
| Address         | 5404 HOOVER BLVD SUITE 16 | Address         | 8306 FLOWERFIELD DR        |
| City-State-Zip: | TAMPA FL 33634            | City-State-Zip: | TAMPA FL 33615             |
|                 |                           |                 |                            |
| Title           | AMBR                      | Title           | AMBR                       |
| Name            | MARTINEZ, MAIKEL          | Name            | ROSALES GUARDIA, ALEJANDRO |
| Address         | 8306 FLOWERFIELD DR       | Address         | 8306 FLOWERFIELD DR        |
| City-State-Zip: | TAMPA FL 33615            | City-State-Zip: | TAMPA FL 33615             |

*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:** CHANG , MEI LIN AMBR 03/08/2025  
\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail Date