

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000379883

**Entity Name:** CELESTE HELPING HANDS LLC

**Current Principal Place of Business:**

2885 KINGSLEY AVE  
SUITE A  
ORANGE PARK, FL 32073

**Current Mailing Address:**

2885 KINGSLEY AVE  
SUITE A  
ORANGE PARK, FL 32073

**FEI Number:** 93-2914012

**Certificate of Status Desired:** No

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

JEUNE, PAVIOLA  
5469 TURKEY CREEK ROAD  
JACKSONVILLE  
JACKSONVILLE, FL 32244 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 JEUNE, ROMAIN  
Address 5469 TURKEY CREEK ROAD  
City-State-Zip: JACKSONVILLE FL 32244

Title MGR  
Name FRANCOIS, CLAUDIA A  
Address 5469 TURKEY CREEK ROAD  
City-State-Zip: JACKSONVILLE FL 32244

Title MGR  
Name BLAISE, MARTINE  
Address 5469 TURKEY CREEK  
City-State-Zip: JACKSONVILLE FL 32244

*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:** CLAUDIA A. FRANCOIS

**MANAGER**

**04/13/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date