

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000002988

**Entity Name:** SA HELPING HANDS, LLC

**Current Principal Place of Business:**

8603 N NEW BRAUNFELS AVE  
SUITE 102  
SAN ANTONIO, TX 78217

**Current Mailing Address:**

8603 N NEW BRAUNFELS  
SUITE 102  
SAN ANTONIO, TX 78217 US

**FEI Number:** 27-1302877

**Certificate of Status Desired:** Yes

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

LASSETT, MICHELLE N  
1650 S DIXIE HWY  
SUITE 409 & 410  
BOCA RATON, FL 33432 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 ADM  
Name BENITES, FRANCES  
Address 8603 N NEW BRAUNFELS AVE  
SUITE 102  
City-State-Zip: SAN ANTONIO TX 78217

Title AADM  
Name BENITES, JOSE M  
Address 8603 N NEW BRAUNFELS AVE  
SUITE 102  
City-State-Zip: SAN ANTONIO TX 78217

Title AUTHORIZED REPRESENTATIVE  
Name LASSETT, MICHELLE  
Address 8603 N NEW BRAUNFELS  
SUITE 102  
City-State-Zip: SAN ANTONIO TX 78217

*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:** FRANCES BENITES

**ADMINISTRATOR**

**03/14/2024**

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

\_\_\_\_\_  
Date