

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90080 032 \*\*\*\*50.00

DOCUMENT # L05000070334

1. Entity Name

A & A HANDYMAN, LLC



Principal Place of Business

Mailing Address

2618 E. CHELSEA ST.  
 TAMPA FL 33610

2618 E. CHELSEA ST.  
 TAMPA FL 33610



2. Principal Place of Business - No P.O. Box #

2618 E. Chelsea St  
 Suite, Apt. #, etc.

3. Mailing Address

2618 E Chelsea  
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State

Tampa

City & State

Tampa

4. FEI Number

20-3159314

Applied For

Not Applicable

Zip

33610

Country

US

Zip

33610

Country

US

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROWELL, ALLEN H  
 2618 E. CHELSEA ST.  
 TAMPA FL 33610

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Allen Crowell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-07-07

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGRM  Delete  
 NAME: CROWELL, ALLEN H  
 STREET ADDRESS: 2618 E. CHELSEA ST.  
 CITY - ST - ZIP: TAMPA FL 33610

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE: MGR  Delete  
 NAME: WATERS, ALEX M  
 STREET ADDRESS: 2618 E. CHELSEA ST.  
 CITY - ST - ZIP: TAMPA FL 33610

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

*Allen Crowell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

02-07-07

Daytime Phone #