


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

**FILED**  
**Jul 31, 2007 8:00 am**  
**Secretary of State**

07-31-2007 90002 033 \*\*\*\*50.00

**DOCUMENT #** L06000105215

**1. Entity Name**  
Andyman Services, LLC



**DO NOT WRITE IN THIS SPACE**

60053952

CR2E083B (8/05)

<b>2. Principal Place of Business</b> <u>14902 Roland Ave</u> Suite, Apt. #, etc.		<b>3. Mailing Address</b> <u>14902 Roland Ave</u> Suite, Apt. #, etc.	
City & State <u>Springhill FL</u>		City & State <u>Springhill FL</u>	
Zip <u>34610</u>	Country <u>US</u>	Zip <u>34610</u>	Country <u>US</u>

<b>4. FEI Number</b> <u>510612842</u>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Andy Wolthecker

Street Address (P.O. Box Number is Not Acceptable)  
14902 Roland Ave

City  
Springhill **FL** Zip Code  
34610

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 Andy Wolthecker DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR</u> <u>Andy Wolthecker</u> <u>14902 Roland Ave</u> <u>Springhill FL 34610</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Andy Wolthecker Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE