


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90120 030 \*\*\*138.75

**DOCUMENT # L07000111695**

1. Entity Name  
**CAN-DO HANDYMAN & PRESERVATION SERVICES LLC**



Principal Place of Business  
**3120 NE 7TH AVENUE  
 POMPANO BEACH, FL 33064**

Mailing Address  
**3120 NE 7TH AVENUE  
 POMPANO BEACH, FL 33064**

**60016351**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03182008 Chg-LLC CR2E083 (12/06)

City & State  
 Zip Country

4. FEI Number  
**26-1358048**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HARRIS, TESSA  
 9100 SW 137TH AVENUE  
 103  
 MIAMI, FL 33186**

7. Name and Address of New Registered Agent

Name  
**DEXTER ALI**

Street Address (P.O. Box Number is Not Acceptable)  
**3120 N.E. 7TH AVE**

City  
**POMPANO BEACH** FL Zip Code  
**33064**

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 *Dexter Ali* DATE 03/18/08

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ALI, DEXTER 3120 NE 7TH AVENUE POMPANO BEACH, FL 33064</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Dexter Ali* DATE 03/18/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #