


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90029 014 ****50.00

DOCUMENT # L 05000070237	
1. Entity Name HANDS ON, LLC	

DO NOT WRITE IN THIS SPACE

20036187

2. Principal Place of Business 351 REGAL DUNES CIR Suite, Apt. #, etc.	3. Mailing Address 351 REGAL DUNES CIR Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State WINTER GARDEN FL	City & State WINTER GARDEN FL
Zip 34787	Country USA

4. FEI Number	<input checked="" type="checkbox"/> Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name CORPORATION SERVICE COMPANY	
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET	
City TALLAHASSEE	FL Zip Code 32301

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 Signature, typed or printed name of registered agent or file if applicable.	DATE
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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	MGRM. NICOLE D SHRIEVES 351 REGAL DUNES CIRCLE WINTER GARDEN FL 34787	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM. SHERYL C PRICE 351 REGAL DUNES CIRCLE WINTER GARDEN FL 34787	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: NICOLE D SHRIEVES <i>Nicole D Shrievs</i>	4/23/06	407.654.8702
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>

CR2E083B (12/02)