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

SIGNATURE: ROBERT D JOHNSON

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address: 26029 OLYMPIA RD BROOKSVILLE. FL 34601

Current Principal Place of Business:

FEI Number: 20-3660514

DOCUMENT# L05000103230

26029 OLYMPIA RD BROOKSVILLE, FL 34601

Name and Address of Current Registered Agent:

ROBERT, JOHNSON D 26029 OLYMPIA RD BROOKSVILLE, FL 34601 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

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: ROBERT JOHNSONS HANDYMAN SERVICES LLC

Authorized Person(s) Detail :

Title	MGR	Title	MGRM
Name	ROBERT, JOHNSON D	Name	DWAYNE, HOWARD L
Address	26029 OLYMPIA RD	Address	7626 VINE ST
City-State-Zip:	BROOKSVILLE FL 34601	City-State-Zip:	LAND O LAKES FL 34639

that my name appears above, or on an attachment with all other like empowered.

MGR

04/28/2017 Date

FILED Apr 28, 2017 Secretary of State CC6484609905

Certificate of Status Desired: No

Date