

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000103230

**Entity Name:** ROBERT JOHNSONS HANDYMAN SERVICES LLC

**Current Principal Place of Business:**

26029 OLYMPIA RD  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

26029 OLYMPIA RD  
BROOKSVILLE, FL 34601

**FEI Number:** 20-3660514

**Certificate of Status Desired:** No

**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

\_\_\_\_\_ Date

**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 |

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

**SIGNATURE:** ROBERT D. JOHNSON

**MGR**

**04/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date