

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000108657

**Entity Name:** 4-S HANDYMAN LLC

**Current Principal Place of Business:**

3029 LOG CABIN RD.  
NORTH PORT, FL 34291

**Current Mailing Address:**

3029 LOG CABIN RD.  
NORTH PORT, FL 34291

**FEI Number:** 27-3414617

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BOKUN, JOVAN  
3029 LOG CABIN RD.  
NORTH PORT, FL 34291 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  
Name JOVAN, BOKUN  
Address 3029 LOG CABIN RD.  
City-State-Zip: NORTH PORT FL 34291

*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:** JOVAN BOKUN

MGR

03/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date