

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000040988

**Entity Name:** I'M 4 HIM HANDYMAN LLC

**Current Principal Place of Business:**

3531 SPRING CREEK HWY  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

3531 SPRING CREEK HWY  
CRAWFORDVILLE, FL 32327

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

FLORIDA INCORPORATOR  
619 CATTLEMEN RD. - SUITE O11  
SARASOTA, FL 34232 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 MGRM  
Name MCARTHUR, PATRICK J  
Address 3531 SPRING CREEK HWY  
City-State-Zip: CRAWFORDVILLE FL 32327

Title ASST. SECRETARY  
Name STRICKLAND, JOHN  
Address 3531 SPRING CREEK HWY  
City-State-Zip: CRAWFORDVILLE FL 32327

Title SECRETARY  
Name STRICKLAND, RODY  
Address 3531 SPRING CREEK HWY  
City-State-Zip: CRAWFORDVILLE FL 32327

Title TREASURER  
Name STEIN, RYAN  
Address 3531 SPRING CREEK HWY  
City-State-Zip: CRAWFORDVILLE FL 32327

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICK J MCARTHUR

**MANAGER**

**04/30/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date