## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000102661

Entity Name: ALLPHASE HANDYMAN SERVICES LLC

## **Current Principal Place of Business:**

6703 YVONNE LANE JACKSONVILLE, FL 32216

## **Current Mailing Address:**

6703 YVONNE LANE JACKSONVILLE, FL 32216 US

## FEI Number: 38-3934562

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

VICKI MIDDLEKAUFF CMA, PA 786 BLANDING BLVD. STE. 120 ORANGE PARK, FL 32065 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

# Authorized Person(s) Detail :

TitleMGRNameHINDAL, MARVINAddress6703 YVONNE LANECity-State-Zip:JACKSONVILLE FL 32216

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: MARVIN HINDAL

MANAGER

04/27/2017 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 27, 2017 Secretary of State CC5918899854

Certificate of Status Desired: No

Date