

**2015 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:** APPLIED FOR

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name HINDAL, MARVIN  
Address 6703 YVONNE LANE  
City-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

P

04/30/2015

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

\_\_\_\_\_  
Date