

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000468143

**Entity Name:** ANDYMAN SERVICES LLC

**Current Principal Place of Business:**

4958 KEY LIME DR UNIT  
307  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

4958 KEY LIME DR  
307  
JACKSONVILLE, FL 32256

**FEI Number:** 35-2780410

**Certificate of Status Desired:** No

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

SPAHI, ERDIT  
4958 KEY LIME DR  
UNIT 307  
JACKSONVILLE, FL 32256 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 SPAHI, ERDIT  
Address 4958 KEY LIME DR UNIT 307  
City-State-Zip: JACKSONVILLE FL 32256

*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:** ERDIT SPAHI

**PRESIDENT**

**02/02/2023**

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

\_\_\_\_\_  
Date