

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000085523

**Entity Name:** LT HANDY SERVICES LLC

**Current Principal Place of Business:**

14011 N NEBRASKA AVE  
TAMPA, FL 33613

**Current Mailing Address:**

PO BOX 82171  
TAMPA, FL 33682 US

**FEI Number:** 92-2377813

**Certificate of Status Desired:** No

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

TELLEZ, LIUS  
14011 N NEBRASKA AVE  
TAMPA, FL 33613 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            AMBR  
Name            TELLEZ, LUIS  
Address        14011 N NEBRASKA AVE  
City-State-Zip: TAMPA FL 33613

*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:** TELLEZ , LUIS

AMBR

04/10/2024

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

\_\_\_\_\_ Date