FILED
Jul 26, 2004 8:00 am
Secretary of State
07-26-2004 90135 017 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000009225

1. Entity Name
SIB'S HANDYMAN SERVICE, LLC

14026834

Principal Place of Business	Mailing Address
1227 WATERSIDE LANE VENICE, FL 34292	1227 WATERSIDE LANE VENICE, FL 34292

07192004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1251 Waterside Lane	1251 Waterside Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Venice, FL	City & State: Venice, FL
Zip: 34285 Country:	Zip: 34285 Country:

4. FEI Number 02-0585536 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIBLEY, SANDRA S
1227 WATERSIDE LANE
VENICE, FL 34292

7. Name and Address of New Registered Agent

Name: SANDRA SIBLEY
Street Address (P.O. Box Number is Not Acceptable): 1251 Waterside Lane
City: Venice FL Zip Code: 34285

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sandra Sibley DATE: 7-22-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	P ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	SIBLEY, SANDRA	NAME	
STREET ADDRESS	1227 WATERSIDE LANE	STREET ADDRESS	1251 Waterside Lane
CITY-ST-ZIP	VENICE, FL 34292	CITY-ST-ZIP	Venice, FL 34285
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: Sandra Sibley Date: 7-22-04 Daytime Phone #: 941-488-0545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE