

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90038 024 ****50.00

60040327



04172007 Chg-LLC CR2E083 (12/06)

4. FEI Number **55-0796376** Applied For ☐ Not Applicable ☒

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

DOCUMENT # L02000023314

1. Entity Name
COMMERCIAL HANDYMAN, LLC



Principal Place of Business
**1164 GOODLETTE RD
NAPLES, FL 34102**

Mailing Address
**1164 GOODLETTE RD
NAPLES, FL 34102**

2. Principal Place of Business - No P.O. Box #
1048 GOODLETTE RD.

3. Mailing Address
Suite, Apt. #, etc.
SITE #201

City & State
NAPLES FL

City & State
City & State

Zip **34102** Country **US** Zip Country

6. Name and Address of Current Registered Agent
**OLSON, CLIFFORD A
1164 GOODLETTE RD
NAPLES, FL 34102**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLONIAL SQUARE REALTY, INC. 1164 GOODLETTE RD NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1048 GOODLETTE RD. #201 NAPLES FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRICE, TAMMY 1164 GOODLETTE RD NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1048 GOODLETTE RD. #201 NAPLES FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOULTON, ED 1164 GOODLETTE RD NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1048 GOODLETTE RD. #201 NAPLES FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Chapter 608, Florida Statutes.

SIGNATURE: Tammy Price 4-17-07 239-261-2627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #