


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000028816 1. Entity Name DEPENDABLE HANDYMAN SERVICES, LLC	
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Principal Place of Business 19496 LIBERTY ROAD BOCA RATON, FL 33434	Mailing Address 19496 LIBERTY ROAD BOCA RATON, FL 33434
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DO NOT WRITE IN THIS SPACE



07072006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 71-0912312	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent JOHN ECCHIO, MICHAEL 19496 LIBERTY ROAD BOCA RATON, FL 33434
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**DO NOT WRITE
IN THIS SPACE**

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 N/A
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECCHIO, MICHAEL J 19496 LIBERTY ROAD BOCA RATON, FL 33434
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07/11/06-80030-004 50.00

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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 required by Chapter 608, Florida Statutes.

SIGNATURE: Michael Ecchio **MICHAEL ECCHIO** 7/6/06 561-929-0188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #