

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000051277

1. Entity Name
OCOE HANDYMAN SERVICE LLC



Principal Place of Business
108 OLYMPUS DR
OCOE, FL 34761

Mailing Address
P.O. BOX 997
OCOE, FL 34761



01242006No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
52-2416587

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZURAKOWSKI, MARGARET
108 OLYMPUS DR
OCOE, FL 34761

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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 Margaret Zurakowski MARGARET ZURAKOWSKI Owner 1/27/06
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 May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ZURAKOWSKI, PAUL
STREET ADDRESS	108 OLYMPUS DR
CITY-ST-ZIP	OCOE, FL 34761
TITLE	MGR
NAME	ZURAKOWSKI, MARGARET
STREET ADDRESS	108 OLYMPUS DR
CITY-ST-ZIP	OCOE, FL 34761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Margaret Zurakowski MARGARET ZURAKOWSKI Owner 1/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 407-256-0515