

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000051505

FILED
Jun 09, 2006
Secretary of State

Entity Name: MCHENRY HANDYMAN, LLC

Current Principal Place of Business:

10831 CO. HWY. 183
PONCE DE LEON, FL 32455

New Principal Place of Business:

Current Mailing Address:

10831 CO. HWY. 183
PONCE DE LEON, FL 32455

New Mailing Address:

FEI Number: 80-0084303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCHENRY, BRITT
10831 CO HWY 183
PONCE DE LEON, FL 32455 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: BRITT MCHENRY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCHENRY, BRITT
Address: 10831 CO HWY 183
City-St-Zip: PONCE DE LEON, FL 32455

Title: MGRM (X) Delete
Name: MASON, JOHNNY JR
Address: PO BOX 611
City-St-Zip: PONCE DE LEON, FL 32455

Title: MGRM (X) Delete
Name: MCHENRY, MATTHEW
Address: 10831 CO HWY 183
City-St-Zip: PONCE DE LEON, FL 32455

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: BRITT MCHENRY

MGR

06/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date