2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000051505

1. Entity Name
MCHENRY HANDYMAN, LLC

Principal Place of Business	Mailing Address
10831 CO. HWY. 183 PONCE DE LEON, FL 32455	10831 CO. HWY. 183 PONCE DE LEON, FL 32455

DO NOT WRITE IN THIS SPACE

04152008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
80-0084303	Not Applicable

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

6. Name and Address of Current Registered Agent	
MCHENRY, BRITT 10831 CO HWY 183 PONCE DE LEON, FL 32455	**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_____

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MCHENRY, BRITT
STREET ADDRESS	10831 CO HWY 183
CITY-ST-ZIP	PONCE DE LEON, FL 32455

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05/05/08-80005-009 138.75

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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: *Britt McHenry* Britt McHenry 4-15-08 850-333-1233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #