


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV -6 PM 12:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L03000056622	
1. Entity Name JET HANDYMAN SERVICE, LLC	

Principal Place of Business 29 WEST ROAD PALMETTO, FL 34221	Mailing Address 29 WEST ROAD PALMETTO, FL 34221
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2. Principal Place of Business - No P.O. Box # 10 EVERGREEN AVE Suite, Apt. #, etc.	3. Mailing Address 10 EVERGREEN AVE. Suite, Apt. #, etc.
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City & State Palmetto, FL	City & State Palmetto, FL
Zip 34221	Country Manatee
Zip 34221	Country Manatee



10012007 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent WICKMAN & WYCKOFF, P.A. 4909 MANATEE AVE. WEST BRADENTON, FL 34209	
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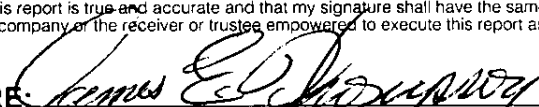
4. FEI Number 51-0495746	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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8. The above named entity submits this statement for the 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 	DATE 10/29/07

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, JAMES E 10 EVERGREEN AVE PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500111562595 11/01/07--01004--012 **150.00 <input 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 required by Chapter 608, Florida Statutes.	
SIGNATURE 	DATE 10/29/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

REINSTATEMENT

941-
781-4828