

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90194 022 *****50.00

DOCUMENT # L04000033590

1. Entity Name

DUSAN PAKOS HANDYMAN, LLC



Principal Place of Business

Mailing Address

DUSAN PAKOS
230 SANDY CAY
DESTIN FL 32540

DUSAN PAKOS
PO BOX 1613
DESTIN FL 32540



2. Principal Place of Business - No P.O. Box #

DUSAN PAKOS

3. Mailing Address

DUSAN PAKOS

Suite, Apt. #, etc.

230 SANDY CAY

Suite, Apt. #, etc.

P.O. BOX 1613

City & State

DESTIN FL 32540

City & State

DESTIN FL 32540

Zip

32540

Country

FL

Zip

32540

Country

FL

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-1088134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAKOS, DUSAN
230 SANDY CAY DR
DESTIN FL 32540

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]
Signature, typed or printed name of registered agent and title if applicable.

DUSAN PAKOS

(NOTE: Registered Agent signature required when reinstating)

FEB-17-2007

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☐ Delete
NAME: PAKOS, DUSAN
STREET ADDRESS: 607 MOUNTAIN DRIVE
CITY - ST - ZIP: DESTIN FL 32540

TITLE: MGRM ☐ Delete
NAME: CHALUPEK, PETR
STREET ADDRESS: 607 MOUNTAIN DRIVE
CITY - ST - ZIP: DESTIN FL 32541

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* DUSAN PAKOS FEB-17-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

850 368 1971