

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033651

FILED
Jan 30, 2008
Secretary of State

Entity Name: BAILEY'S HANDYMAN SERVICE LLC

Current Principal Place of Business:

8607 BACK ROAD
PLANT CITY, FL 33565 US

New Principal Place of Business:

Current Mailing Address:

8607 BACK ROAD
PLANT CITY, FL 33565 US

New Mailing Address:

FEI Number: 20-1078570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, BURBAGE C
8607 PLANT CITY
PLANT CITY, FL 33565 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAILEY, BURBAGE C
Address: 8607 BACK ROAD
City-St-Zip: PLANT CITY, FL 33565 US

Title: MGRM () Delete
Name: BAILEY, MELISSA M
Address: 8607 BACK ROAD
City-St-Zip: PLANT CITY, FL 33565 US

Title: MGRM () Delete
Name: WATSON, JILL D
Address: 5710 TURKEY TREE LANE
City-St-Zip: PLANT CITY, FL 33567 US

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: WATSON, JILL D
Address: 5697 HAWKS CREEK TRL.
City-St-Zip: PLANT CITY, FL 33567 US

I hereby certify that the information supplied with this filing does not qualify 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: BURBAGE C. BAILEY

PRES

01/30/2008

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