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Jun 20, 2005 8:00 am
Secretary of State
05-02-2005 90118 022 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000034569

1. Entity Name
HOUSE MD HANDYMAN SERVICES, LLC

Principal Place of Business
301 ESTIL DRIVE
NOKOMIS, FL 34275

Mailing Address
301 ESTIL DRIVE
NOKOMIS, FL 34275

2. Principal Place of Business
301 ESTIL DRIVE
Street, Apt. #, etc.
City & State: Nokomis Fl
Zip: 34275 Country: USA

3. Mailing Address
301 ESTIL DRIVE
Street, Apt. #, etc.
City & State: Nokomis FL
Zip: 34275 Country: USA

4. FEI Number: 77-0633725 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CODY CHADWICK DICKEY
P.O. BOX 669
NOKOMIS, FL 34274

7. Name and Address of New Registered Agent

Name: CODY CHADWICK DICKEY
Street Address (P.O. Box Number is Not Acceptable):
301 ESTIL DR.
City: NOKOMIS FL Zip: 34275

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: Cody C. Dick MEMBER A Date: 1/5/05

Filing Fee is $30.00
Date by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

Managing Member
CODY C. DICKEY
301 ESTIL DR
NOKOMIS, FL 34275

10. ADDITIONS / CHANGES

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 605, Florida Statutes.

SIGNATURE: Cody C. Dick MEMBER A 1/5/05