

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number

77-0633225

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CODY CHADWICK DICKEY
301 ESTIL DR
NOKOMIS FL 34274

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME DICKEY, CODY
STREET ADDRESS 301 ESTIL DR
CITY-ST-ZIP NOKOMIS FL 34275

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP
U000000447318
03/08/06-80052-003 50.00

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
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: Cody C Dickey 2-23-06

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

Date

Daytime Phone #