

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034569

FILED
Mar 31, 2008
Secretary of State

Entity Name: HOUSE MD HANDYMAN SERVICES, LLC

Current Principal Place of Business:

301 ESTIL DRIVE
NOKOMIS, FL 34275

New Principal Place of Business:

249 MATISSE CIRCLE N.
NOKOMIS, FL 34275

Current Mailing Address:

301 ESTIL DRIVE
NOKOMIS, FL 34275

New Mailing Address:

P.O. BOX 699
NOKOMIS, FL 34274

FEI Number: 77-0633225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CODY CHADWICK DICKEY
301 ESTIL DR
NOKOMIS, FL 34274 US

Name and Address of New Registered Agent:

CODY CHADWICK DICKEY
249 MATISSE CIRCLE N.
NOKOMIS, FL 34275 US

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:

03/31/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DICKEY, CODY
Address: 301 ESTIL DR
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DICKEY, CODY
Address: 249MATISSE CIRCLE N.
City-St-Zip: NOKOMIS, FL 34275

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: CODY C. DICKEY

MGRM

03/31/2008

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