2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000047398

1. Entity Name

MAC THE HANDYMAN LLC

Principal Place of Business	Mailing Address
3000 TALLAVANA TRAIL HAVANA FL 32333	3000 TALLAVANA TRAIL HAVANA FL 32333

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
3000 Tallavana Tr		3000 Tallavana Tr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Havana FL		Havana FL	
City & State		City & State	
Zip 32333	Country Gadsden	Zip 32333	Country Gadsden

4. FEI Number 61-1472400 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCDONALD, NEIL R
3000 TALLAVANA TRAIL
HAVANA FL 32333

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDONALD, NEIL R 3000 TALLAVANA TRAIL HAVANA FL 32333	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000402200 02/02/06-80077-009 50.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

850 539 0760

SIGNATURE: [signature] 01-24-06