

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jul 25, 2005 8:00 am
Secretary of State

04-29-2005 90052 050 ****50.00

DOCUMENT # L04000054479

1. Entity Name

U.S.A. HANDYWORKS, LLC



Principal Place of Business

4963 SW 6 STREET
MARGATE FL 33068

Mailing Address

4963 SW 6 STREET
MARGATE FL 33068

2. Principal Place of Business

51 NW 1 AVENUE

3. Mailing Address

51 NW 1ST AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

36-456 2058

Applied For

Not Applicable

Zip

USA

Zip

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVA, CARLOS
4963 SW 6 STREET
MARGATE FL 33068

7. Name and Address of New Registered Agent

Name

SILVA, CARLOS

Street Address (P.O. Box Number is Not Acceptable)

51 NW 1 AVENUE

City

BOCA RATON

FL

Zip

33432

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 reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SILVA, CARLOS
STREET ADDRESS 51 NW 1 AVENUE
CITY- ST- ZIP MARGATE FL 33068 BOCA RATON, FL 33432

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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CITY- ST- ZIP

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CITY- ST- ZIP

☐ Change

☐ Addition

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 608, Florida Statutes.

SIGNATURE:

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

CARLOS SILVA

4/20/05

(754) 366-5066

Date

Daytime Phone #