## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

## **FILED** Mar 10, 2008 08:00 AN DOCUMENT # L04000056189 1. Entity Name **Secretary of State** JORDAN'S HANDYMAN SERVICE, LLC Principal Place of Business Mailing Address 5110 WHITING DRIVE 5110 WHITING DRIVE SEBRING FL 33870 SEBRING FL 33870 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt, #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 02-0019490 No: Applicable Zip Country Country 7io \$5.00 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo JORDAN, DONALD Street Address (P.O. Box Number is Not Acceptable) 5110 WHITING DRIVE SEBRING FL 33870 City 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 or medinante of registered agent one title if opplicable DATE (NOTE: Roussered Alient's chalure required when remiscaling) FILE NOW!!! FEE IS \$138.75 U00000354084 After May 1, 2008, Fee Will Be \$538.75 03/26/08-80095-010 138.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS / CHANGES 9. 10. Change ☐ Addition TITLE MGR Delete TITLE NAME JORDAN, DONALD NAME STREET ADDRESS STREET ADDRESS 5110 WHITING DRIVE CITY - ST - ZIP SEBRING FL 33870 CITY-ST-Z:P TITLE Delete ☐ Change THILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY - ST - Z:P ☐ Change THILE Delate TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY - ST - ZIP Change Addition ☐ Delete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-SI-ZiP Delete TITLE ☐ Change Addition TITLE HAME NAME STREET ADDRESS STREET AUDRESS CHTY-ST-ZIF CITY-ST-ZIP ☐ Delote TITLE Change Addition TITLE NAME NAME

11. Thereby 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 eath; 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: WWW. WALLEY WALLEY OF PRINTED NAME OF SIGNING MANAGING NEMBER MANAGER OF AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

3-8-08

<u>863-414-107</u>