

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000059873

**FILED**  
**Mar 04, 2008**  
**Secretary of State**

**Entity Name:** JAMES FLANAGAN'S HANDYMAN SERVICE, LLC

**Current Principal Place of Business:**

969 HAWK CREST LANE  
INVERNESS, FL 34453

**New Principal Place of Business:**

**Current Mailing Address:**

969 HAWK CREST LANE  
INVERNESS, FL 34453

**New Mailing Address:**

**FEI Number:** 20-1622946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FLANAGAN, JAMES T  
969 HAWK CREST LANE  
INVERNESS, FL 34453 US

**Name and Address of New Registered Agent:**

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:** JAMES T. FLANAGAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** FLANAGAN, JAMES T MGRM  
**Address:** 969 HAWK CREST LANE  
**City-St-Zip:** INVERNESS, FL 34453 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** JAMES T. FLANAGAN

MGR

03/04/2008

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