

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000066790

1. Entity Name
SMITH'S HANDYMAN SERVICE LLC



Principal Place of Business
**2289 WILEY STREET
PORT CHARLOTTE, FL 33952**

Mailing Address
**2289 WILEY STREET
PORT CHARLOTTE, FL 33952**



01062006 No Chg-LLC

CRZE063 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1613147

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, JOHN T
2289 WILEY STREET
PORT CHARLOTTE, FL 33952**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

U000000505263
04/26/06-80102-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SMITH, JOHN T
STREET ADDRESS	2289 WILEY STREET
CITY- ST- ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 609, Florida Statutes.

SIGNATURE: _____

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

Date _____

City/State Phone # _____