

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90419 050 ****55.00

DOCUMENT # L04000070118

1. Entity Name
KARLO MATESIC HANDYMAN REPAIR SERVICE L.L.C.



Principal Place of Business
**7768 GARDNER DR #103
 NAPLES, FL 34109**

Mailing Address
**7768 GARDNER DR #103
 NAPLES, FL 34109**

2. Principal Place of Business
7768 Gardner Dr.
 Suite, Apt. #, etc.
103

3. Mailing Address
7768 Gardner Dr.
 Suite, Apt. #, etc.
103

City & State
Naples, FL

City & State
Naples, FL

Zip
34109 Country
U.S.A.

Zip
34109 Country
U.S.A.



01052005 Chg-LLC CR2E083 (10/03)

4. FEI Number
201618980

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MATESIC, KARLO
 7768 GARDNER DR #103
 NAPLES, FL 34109**

7. Name and Address of New Registered Agent

Name
Debbie Matesic

Street Address (P.O. Box Number is Not Acceptable)
7768 Gardner Dr. #103

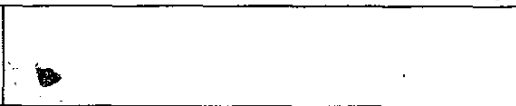
City
Naples FL Zip Code
34109

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 **Debbie Matesic Debbie Matesic (wife)** DATE **1/5/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**



**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATESIC, KARLO 7768 GARDNER DR #103 NAPLES, FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Karlo Matesic** **KARLO MATESIC** DATE **1/5/05** DAYTIME PHONE # **239-592-9892**

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