


2005
L04000070654

**2006 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -3 PM 1:18

DOCUMENT # L04000070654		
1. Entity Name DJ'S HANDYMAN, LLC		

Principal Place of Business 1525 N US HWY 17-92 ATTN: AARON SHARPBACK DAVENPORT, FL 33837 US	Mailing Address 1525 N US HWY 17-92 ATTN: AARON SHARPBACK DAVENPORT, FL 33837 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02022006- REIN-LLC- GR2E101-11/05-

4. FEI Number 41-2099854	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SHARPBACK, AARON 1525 N US HWY 17-92 DAVENPORT, FL 33837	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 <u>Aaron D Sharpback</u>	DATE
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FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHARPBACK, AARON 1525 N US HWY 17-92 DAVENPORT, FL 33837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200068101032 03/20/06--01019--024 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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 608, Florida Statutes.

SIGNATURE: <u>Aaron D Sharpback</u>	Date: <u>2-8-2006</u>	Daytime Phone #: <u>863-256-2153</u>
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REINSTATEMENT

2005-2006
Feb 3/9