

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 25, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000080100**

**1. Entity Name  
BOB'S HANDYMAN SERVICE LTD. CO.**



**Principal Place of Business  
11915 NW 25TH DR  
GAINESVILLE, FL 32609**

**Mailing Address  
11915 NW 25TH DR  
GAINESVILLE, FL 32609**



04082006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
83-0410475**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**

☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**REPER, ROBERT W  
11915 NW 25TH DR  
GAINESVILLE, FL 32609**

**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 reappointing)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
REPER, ROBERT W  
11915 NW 25TH DR  
GAINESVILLE, FL 32609**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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CITY-ST-ZIP**

U00000532860  
05/06/06-80091-021 50.00

**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 808, Florida Statutes.**

**SIGNATURE:**

*Robert W Reper*

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

*4/21/06 (352)258-4025*

Date

Daytime Phone #