

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2005 8:00 am
Secretary of State

06-08-2005 90211 001 ****50.00

DOCUMENT # L04000092132

1. Entity Name
JAMES HANDYMAN LLC



Principal Place of Business
1699 HWY 98, LARMAR WEST TOWNHOUSES
APT. 503
MARY ESTHER, FL 32569

Mailing Address
1699 HWY 98, LARMAR WEST TOWNHOUSES
APT. 503
MARY ESTHER, FL 32569

20059920



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05202005 Chg-LLC CR2E083 (10/03)

4. FEI Number

75-3177157

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALLIOPE, JAMES D
1699 HWY 98, LARMAR WEST TOWNHOUSES
APT. 503
MARY ESTHER, FL 32569

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME CALLIOPE, JAMES D
STREET ADDRESS 1699 HWY 98, LARMAR WEST TOWNHOUSES
CITY-ST-ZIP MARY ESTHER, FL 32569

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ 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:

James D. Calliope Sr

5-30-05

850-642-3010

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

Date

Daytime Phone #