2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State
05-01-2006 90062 007 ****50.00

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1. Entity Name
THE HARE'S HOME REPAIRS AND HANDYMAN SERVICES, LLC

30009537

01042006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
1130 W HOLDEN AVE ORLANDO, FL 32839	1130 WEST HOLDEN AVE ORLANDO, FL 32839

2. Principal Place of Business	3. Mailing Address
6674 Salem Rd.	6674 Salem Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Quincy, FL.	City & State: Quincy, FL.
Zip: 32352 Country: USA	Zip: 32352 Country: USA

4. FEI Number: 59-379-7360-4 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARE, MICHAEL S SR
1130 WEST HOLDEN AVE
ORLANDO, FL 32839

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: Michael S. Hare SR [signature] 4/29/06
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER Michael S Hare SR MGRM 6674 Salem Rd. Quincy, Fla. 32352 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] Michael S. Hare 4/29/06 850-210-8812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #