

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 01, 2007 08:00 AM  
Secretary of State

DOCUMENT # L05000016693

1. Entity Name  
DAVID'S HANDYMAN SERVICE, LLC



Principal Place of Business  
20 EDWARDS SHORES  
HAINES CITY, FL 33844 US

Mailing Address  
20 EDWARDS SHORES  
HAINES CITY, FL 33844 US



01082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
20-2354009

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEPSIC, DAVID  
20 EDWARDS SHORES  
HAINES CITY, FL 33844

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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

*David Lepsic*

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

(NOTE: Registered Agent signature required when reinstating)

1/15/07  
DATE

Filing Fee is \$50.00  
Due by May 1, 2007

000000616883  
02/07/07-80049-007 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEPSIC, DAVID 20 EDWARDS SHORES HAINES CITY, FL 33844
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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:

*David Lepsic*

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

1/15/07

Date

863-232-2555

Daytime Phone #