2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Sep 08, 2006 8:00 am
Secretary of State
08-21-2006 90129 032 ****50.00

DOCUMENT # L05000022178

1. Entity Name
K & L HANDYMAN SERVICES, LLC

Principal Place of Business	Mailing Address
38 OAK TREE DR NEW SMYRNA BCH, FL 32169	38 OAK TREE DR NEW SMYRNA BCH, FL 32169

08142006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
1119 MAGNOLIA ST		1119 MAGNOLIA ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NSB, FLORIDA		City & State: NSB, FLORIDA	
Zip: 32168	Country:	Zip: 32168	Country:

4. FEI Number: 202434581 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOOMIS, SCOT K
38 OAK TREE DR
NEW SMYRNA BEACH, FL 32169

7. Name and Address of New Registered Agent

Name: LOOMIS, SCOT KEVIN
Street Address (P.O. Box Number is Not Acceptable): 1119 MAGNOLIA STREET
City: NEW SMYRNA BEACH FL Zip Code: 32168

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] SCOT KEVIN LOOMIS 8-14-06
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 September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER/ ~~*~~ SCOT KEVIN LOOMIS 1119 MAGNOLIA ST ~~NSB, FL 32168~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* MANAGER	☐ 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] SCOT KEVIN LOOMIS 8/14/06 3866897154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #