

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Feb 07, 2008
Secretary of State**

DOCUMENT# L05000027522

Entity Name: C. K. WALKER HANDYMAN LLC

Current Principal Place of Business:

4203 BUCKINGHAM ROAD
FORT MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

4203 BUCKINGHAM ROAD
FORT MYERS, FL 33905 US

New Mailing Address:

FEI Number: 86-1133749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WALKER, CHRISTOPHER K
4203 BUCKINGHAM ROAD
FORT MYERS, FL 33905 US

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.

SIGNATURE: CHRISTOPHER K WALKER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: WALKER, CHRISTOPHER K
Address: 4203 BUCKINGHAM ROAD
City-St-Zip: FORT MYERS, FL 33905 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: SHEPPARD, REGINA J
Address: 4203 BUCKINGHAM ROAD
City-St-Zip: FORT MYERS, FL 33905 US

Title: MGRM (X) Change () Addition
Name: VANAGAS, HEATHER F
Address: 4203 BUCKINGHAM ROAD
City-St-Zip: FORT MYERS, FL 33905 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHER K WALKER

MGRM

02/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date