2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 13, 2006 8:00 am Secretary of State 01-18-2006 90005 041 ****50.00

	DOCUMENT # L05000033696 1. Entity Name D&D HANDYMAN SERVICES L.L.C.							06 90005 041 °	****50.00
	Principal Place of Business 43 HUTCHINSON ROAD JACKSONVILLE, FL 32220 ABILITATION Address 43 HUTCHINSON ROAD JACKSONVILLE, FL 32220					30000479			
	2. Principal Place of Bu	usiness	3. Mailing Address						
	Suite, Apt. 4, etc.		Suite, Apt. #, etc.		01162006	Chg-LLC	CR2E083 (11/05))	
	City & State		City & State			4. FEI Numi	3747220	\ 	pplied For
	Zip	Country	Zip	Cour	try		e of Status Desired	S5.00 At	ditional
	6. Name and Address of Current Registered Agent					7. Name an	d Address of New Re	gistered Agent	
	MINIST BONNIA S				Name				
	MILLER, DONNA 43 HUTCHINSON JACKSONVILLE,	ROAD		Street Address		(P.O. Box Num	per is Not Acceptable		
The state of the	•				City	-	<u></u>	FL Zip Co	de
	4. The characteristic	otine automica this atatamant 6	as the average of the sales for				am la ma Grata at Clas		
	 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, hypoid or printed name of registered against unit talls it applicable. (NOTE: Registered Against algorithms required in							DATE	
	Filing Fe Due by N					Make check payable to Florida Department of State			
? [9. (Y)OC MANAGING MEMBERS/MANAGERS 10.						ADDITIONS/	CHANGES	 -
			na F Deine 1 ASUN Rd 16, 71.32220	_			- ADDITION OF THE PROPERTY OF	Change	Addition
	TITLE NAME STREET ADDRESS CITY-S1-ZIP	-	☐ Delete	TITL NAM STRE				Change	☐ Addition
	ITILE MAME STREET ADDRESS CITY-ST-ZIP		☐ Deletia		- 1		-	☐ Change	Addition
	NUME STREET ADDRESS CITY-ST-ZIP		☐ Deletin		· i			Change	Addition
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defeta				-	☐ Change	Addition
	NAME SIREET ADDRESS CITY-S1-ZIP	~	☐ Deleta	CITY	te Eet adoress (-SI-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 signatura shall have the same legal effect as if made under cath; that I am a managing member or manager of the limited liability companylor the receiver or trustee empowered to/execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE: Once F. Miller 1/6/2006 904-509-1728								



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2006

D&D HANDYMAN SERVICES L.L.C. 43 HUTCHINSON ROAD JACKSONVILLE, FL 32220

Subject: D&D HANDYMAN SERVICES L.L.C.

Reference Number:

L05000033696

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/je ANNUAL REPORTS SECTION