

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAR 12 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02142007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000045357 1. Entity Name RICKY'S HANDY MAN SERVICES, LLC					
Principal Place of Business 2520 16TH AVENUE DRIVE EAST BRADENTON, FL 34208			Mailing Address 2520 16TH AVENUE DRIVE EAST BRADENTON, FL 34208		
2. Principal Place of Business - No P.O. Box # 2520-16th AVE DR. E.		3. Mailing Address 2520-16th AVE DR. E			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BRADENTON		City & State BRADENTON		4. FEJ Number N/A	
Zip 34208		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSIERE, JERRY L 4305 15TH STREET COURT EAST ELLENTON, FL 34222			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING G.M. RICARDO E. WEBSTER 2520 - 16th Ave Dr. E Bradenton FL 34208 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	800094462308 03/22/07--01009--010 **100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 06-07 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Ricardo E. Webster</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date Daytime Phone #</small>	