

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

04-20-2006 90025 027 ****50.00

DOCUMENT # L05000051623

1. Entity Name
LYNDA'S HANDYMAN-JIMMIE, LLC



Principal Place of Business
**2171 SPRING CREEK CIRCLE, NE
PALM BAY, FL 32905**

Mailing Address
**2171 SPRING CREEK CIRCLE, NE
PALM BAY, FL 32905**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-4040906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KING, JAMES
520 PALM SPRINGS BLVD.
#207
INDIAN HARBOR BEACH, FL 32937**

7. Name and Address of New Registered Agent

Name **King, James**
Street Address (P.O. Box Number is Not Acceptable)
2171 Spring Creek Circle, NE
City **Palm Bay** FL **32905**

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

James King

(NOTE: Registered Agent signature required when registering)

4/15/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	OWNER MGRM	☐ Delete
NAME	JAMES KING	
STREET ADDRESS	2171 SPRING CREEK CIRCLE, NE	
CITY - ST - ZIP	PALM BAY, FL 32905	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

James King

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

4/15/06

DATE

Daytime Phone #