

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
STATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
10 JAN -8 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LO50000652379

1. Limited Liability Company's Name

FB Handyman, LLC

2. Principal Office Address - No P.O. Box #

2316 Piccadilly Circus

Suite, Apt. #, etc.

3. Mailing Office Address

2316 Piccadilly Circus

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34112

Country

USA

Zip

34112

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

5-26-05

6. FEI Number

NONE

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Fred Brunoli

Street Address (P.O. Box Number is Not Acceptable)

2316 Piccadilly Circus

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34112

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Fred J. Brunoli, Operating Manager

REGISTERED AGENT MUST SIGN

Date 8-3-09

10. Names and Street Addresses of Managing Members/Managers

S. HAWKES

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip                  |
|--------|--------------------------------------|---|-------------------------------------|
|        |                                      | <u>JAN 8 2010</u>                                 |                                     |
|        |                                      | <u>EXAMINER</u>                                   |                                     |
|        |                                      | <u>S. HAWKES</u>                                  | <u>500161664105</u>                 |
|        |                                      | <u>OCT 15 2009</u>                                | <u>10/13/09-01067--012 **138.75</u> |
|        |                                      | <u>EXAMINER</u>                                   | <u>500161664105</u>                 |
|        |                                      | <u>2007-09</u>                                    | <u>01/05/10-01012--021 **416.25</u> |
|        |                                      | <u>416.25</u>                                     | <u>(W)</u>                          |

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Fred J. Brunoli

Date 8-3-09

Daytime Phone # 239-3988341

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 15, 2009

FB HANDYMAN, LLC  
2316 PICADILLY CIRCUS  
NAPLES, FL 34112

SUBJECT: FB HANDYMAN, LLC  
Ref. Number: L05000052379

We have received your document for FB HANDYMAN, LLC and your check(s) totaling \$138.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2007 through 2009; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$416.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 309A00033030