DOCUMENT # L05000053173

1. Entity Name

JANUS HANDYMAN SERVICES & REPAIRS, LLC



Mar 16, 2006 8:00 am Secretary of State

02-16-2006 90145 012 ****50.00

Principal Place of Business Mailing Address ~ ~ ~ UNUUI 4520 85TH TERRACE PINELLAS PARK FL 33781 4520 85TH TERRACE PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For Not Applicable Ζíρ Country Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JANUS, PETER J Street Address (P.O. Box Number is Not Acceptable) 4520 85TH TERRACE PINELLAS PARK FL 33781 City 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 Spinature, typins or presed nome of respectively agent used little it applicable (NOTE: Harpistered Agent signature required when reunstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. A is ident lownie TITLE MGR ☐ Delete TITLE Change T Addition Janus Peter J 5761 7944 Ave N. NAME JANUS, PETER J NAME STREET ADDRESS STREET ADDRESS 4520 857H TERRACE Pinellas Par Fl 33781 CITY-ST-ZIP CITY-ST-ZIP Vice President Addition Delete TRILE TITLE Janus, Erin M Solo Tath Are N. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change --- Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE Oefete DDF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7P ☐ Delete TIFLE □ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-71P City St-7IP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and their 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 further exemptions are equived by Chapter 608, Florida Statutes.

SIGNATURE:

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2006

JANUS HANDYMAN SERVICES & REPAIRS, LLC 4520 85TH TERRACE PINELLAS PARK, FL 33781

Subject: JANUS HANDYMAN SERVICES & REPAIRS, LLC

Reference Number:

L05000053173

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