



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90137 012 ****55.00

DOCUMENT # L05000055831 1. Entity Name KEVIN L MCKINNEY HANDYMAN SERVICE LLC					
Principal Place of Business 216 TIFFOT CT. CRESTVIEW, FL 32539 US			Mailing Address 216 TIFFOT CT. CRESTVIEW, FL 32539 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-2934675	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCKINNEY, KEVIN L 216 TIFFOT CT. CRESTVIEW, FL 32539			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		10. ADDITIONS/CHANGES	
MGRM <input type="checkbox"/> Delete MCKINNEY, KEVIN L 216 TIFFOT CT. CRESTVIEW, FL 32539		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: 				Date: 2-28-06 (45682-1829)	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

20012289



02152006 Chg-LLC CR2E083 (11/05)

ATTACHMENT
20062289
#L05000055831
DIVISION OF CORPORATIONS

2006 ANNUAL REPORT

LISTED BELOW IS THE MOST RECENT INFORMATION REPORTED FOR
THE ENTITY.

PLEASE REVIEW AND CLICK THE APPROPRIATE BUTTON AT THE
BOTTOM TO GENERATE THE ANNUAL REPORT FORM.

THIS INFORMATION CANNOT BE CHANGED ON THE REPORT.	
DOCUMENT NUMBER	L05000055831
BUSINESS ENTITY NAME	KEVIN L MCKINNEY HANDYMAN SERVICE LLC
ORIGINAL FILE DATE	06/07/2005

FEI NUMBER

PRINCIPAL ADDRESS 216 TIFFOT CT.
CRESTVIEW, FL 32539 US

MAILING ADDRESS 216 TIFFOT CT.
CRESTVIEW, FL 32539 US

REGISTERED AGENT KEVIN L MCKINNEY
216 TIFFOT CT.
CRESTVIEW, FL 32539 US

MANAGING MEMBER/MANAGER NAME AND ADDRESS

MGRM
KEVIN L MCKINNEY
216 TIFFOT CT.
CRESTVIEW, FL 32539 US

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