

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000055992**

1. Entity Name  
**ART & ROB'S HANDYMAN SERVICE L.C.**



Principal Place of Business  
**1401 HIAWATHN DR.  
KISSIMMEE, FL 34741**

Mailing Address  
**1401 HIAWATHN DR.  
KISSIMMEE, FL 34741**



01192008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4557834**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BROWN, ARTHUR F  
1401 HIAWATHN DR.  
KISSIMMEE, FL 34741**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BROWN, ARTHUR F
STREET ADDRESS	1401 HIAWATHN DR.
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	MGRM
NAME	BROWN, ROBERT M
STREET ADDRESS	2943 LARSON ST
CITY-ST-ZIP	KISSIMMED, FL 34741
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000864185  
04/04/08-80003-014 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:** Arthur F Brown

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

3-15-08 407-847-7143

Date

Daytime Phone #