


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90145 038 ****50.00

| | |
|---|---|
| DOCUMENT # L05000059582 1. Entity Name DALE'S HANDYMAN SERVICE "LLC" |  |
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|---|---|
| Principal Place of Business 52 MARGARET RD ORMOND BEACH, FL 32176 | Mailing Address 52 MARGARET RD ORMOND BEACH, FL 32176 |
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DO NOT WRITE IN THIS SPACE



01142007 No Chg-LLC

CR2E083 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 03-0563590 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SPAIN, DALE A 52 MARGARET RD ORMOND BEACH, FL 32176 |
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**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

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SPAIN, DALE A 52 MARGARET RD ORMOND BEACH, FL 32176 |
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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: *Dale A Spain* 1/26/07 (386) 503-6371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #