

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063209

Entity Name: FLORIDA HANDYMEN LLC

FILED
Aug 17, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 89111
TAMPA, FL 33689

New Principal Place of Business:

1025 HAPPY LANE
SEBRING, FL 33875 US

Current Mailing Address:

PO BOX 89111
TAMPA, FL 33689

New Mailing Address:

1025 HAPPY LANE
SEBRING, FL 33875 US

FEI Number: 20-3054437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FAULKNER, BEN MGR
1301 IVYWOOD DRIVE
BRANDON, FL 33510 US

Name and Address of New Registered Agent:

SMITH, MAURICE
1025 HAPPY LANE
SEBRING, FL 33875 US

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.

SIGNATURE: MAURICE SMITH

08/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FAULKNER, BEN
Address: 1301 IVYWOOD DRIVE
City-St-Zip: BRANDON, FL 33510

Title: MGRM (X) Delete
Name: SMITH, MOE
Address: 1313 HAPPY LANE
City-St-Zip: SEBRING, FL 33875

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, MAURICE
Address: 1025 HAPPY LANE
City-St-Zip: SEBRING, FL 33875 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAURICE SMITH

MGRM

08/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date