2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2008 8:00 am
Secretary of State

06-04-2008 90255 024 ****55.00
07-22-2008 90026 033 ****83.75

50008790

06032008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000070334

1. Entity Name
A & A HANDYMAN, LLC

Principal Place of Business
2618 E. CHELSEA ST.
TAMPA, FL 33610

Mailing Address
2618 E. CHELSEA ST.
TAMPA, FL 33610

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number
20-3159314
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CROWELL, ALLEN H
2618 E. CHELSEA ST.
TAMPA, FL 33610

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FO | FL | 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 _____
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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	☐ Delete
NAME	CROWELL, ALLEN H	
STREET ADDRESS	2618 E. CHELSEA ST.	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Allen Crowell July 19 2008 813 238-7230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #