

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000078293

1. Entity Name
THIS & THAT HANDYMAN SERVICE, LLC



Principal Place of Business
**3602 ZANZIBAR WAY
NAPLES, FL 34119**

Mailing Address
**3602 ZANZIBAR WAY
NAPLES, FL 34119**



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1754364

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**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 renewing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FUIMANO, JOSEPH P
STREET ADDRESS	3602 ZANZIBAR WAY
CITY- ST- ZIP	NAPLES, FL 34119
TITLE	MGR
NAME	MARCHIONNI, MARY JO M
STREET ADDRESS	3602 ZANZIBAR WAY
CITY- ST- ZIP	NAPLES, FL 34119
TITLE	S
NAME	MARCHIONNI, MARY JO M
STREET ADDRESS	3602 ZANZIBAR WAY
CITY- ST- ZIP	NAPLES, FL 34119
TITLE	T
NAME	FUIMANO, JOSEPH P
STREET ADDRESS	3602 ZANZIBAR WAY
CITY- ST- ZIP	NAPLES, FL 34119

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01/10/07-80075-023 50.00

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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: *Mary Jo Marchionni*

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

Date

Daytime Phone #

1-4-07

Mary Jo M Marchionni 239-262-5757