2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State
04-26-2006 90022 034 ****50.00

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1. Entity Name
MASTER HANDYMAN HOME & GARDEN SERVICES LLC

Principal Place of Business	Mailing Address
605 BRYAN RD. BRADENTON, FL 33511	605 BRYAN RD. BRADENTON, FL 33511

* Address is correct except for city → should be Brandon, FL.

04222006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
605 Bryan Road	605 Bryan Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brandon, Florida	City & State: Brandon, Florida
Zip: 33511 Country: USA	Zip: 33511 Country: USA

4. FEI Number: 05-062-8416 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLECKER, JERRY
605 BRYAN RD.
BRADENTON, FL 33511
(first name and city are incorrect)

7. Name and Address of New Registered Agent

Name: Jerri D. Cleckler
Street Address (P.O. Box Number is Not Acceptable): 605 Bryan Road
City: Brandon FL Zip Code: 33511

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: Jerri D. Cleckler (signature) DATE: 4-22-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CLECKER, JERRY 605 BRYAN RD. BRADENTON, FL 33511 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Jerri D. Cleckler 605 Bryan Road Brandon, Florida 33511 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Jerri D. Cleckler (signature) 4-22-06 813-685-3428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #