2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000111615

FILED Mar 10, 2006 8:00 am Secretary of State

02-21-2006 90178 029 ****50.00

TWO GUYS HANDYMAN SERVICES LLC Principal Place of Business Mailing Address 30002177 1993 SANDIA RD S.E. 1993 SANDIA RD S.E. PALM BAY, FL 32909 PALM BAY, FL 32909 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162006 Chg-LLC CR2E083 (11/05) 4. FEI Number 20 - 3813804 Applied For City & State City & State Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLAGLER, TODD M Street Address (P.O. Box Number is Not Acceptable) 1993 SANDIA RD. S.E. PALM BAY, FL 32909 City 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 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR TITLE ☐ Delete TITLE Change Addition FLAGLER, TODD M NAME NAME STREET ADDRESS 1993 SANDIA RD. S.E. STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32909 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME HUJIK, PAUL T NAME STREET ADDRESS 1551 NAPANEE ST. N.W. STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32907 CITY-ST-ZIP Delete TILE MLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TIDE Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

10001 MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2006

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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ATTACHMENT
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2006

TWO GUYS HANDYMAN SERVICES LLC 1993 SANDIA RD S.E. PALM BAY, FL 32909 US

Subject: TWO GUYS HANDYMAN SERVICES LLC

Reference Number:

L05000111615

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD ANNUAL REPORTS SECTION