

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 07, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000113597**

1. Entity Name

**MATTS HANDYMAN SERVICE AND PAINTING LLC**



Principal Place of Business

Mailing Address

**5116 SOUTHWEST 104TH LOOP  
OCALA FL 34476**

**5116 SOUTHWEST 104TH LOOP  
OCALA FL 34476**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**22-3918684**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME  
MGR  
SPINA, MATTHEW J JR.  
STREET ADDRESS  
5116 SOUTHWEST 104TH LOOP  
CITY- ST- ZIP  
OCALA FL 34476

☐ Change ☐ Addition  
U000000762745  
05/29/07-80021-025 50.00

TITLE ☐ Delete  
NAME  
ST  
SPINA, DIANE D SEC.  
STREET ADDRESS  
5116 SOUTHWEST 104TH LOOP  
CITY- ST- ZIP  
OCALA FL 34476

☐ Change ☐ Addition

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Matthew J Spina*

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

5/1/07

Date

352-854-8564

Daytime Phone #