

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000115345

1. Entity Name  
HOWARD HANDY SERVICE LLC



Principal Place of Business  
481 WAUKEENAH HWY.  
MONTICELLO, FL 32344

Mailing Address  
481 WAUKEENAH HWY.  
MONTICELLO, FL 32344

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**



03302007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0851435	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

HOWARD, WILLIAM CARY  
481 WAUKEENAH HWY.  
MONTICELLO, FL 32344

**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

*William Cary Howard*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HOWARD, WILLIAM CARY
STREET ADDRESS	481 WAUKEENAH HWY.
CITY-ST-ZIP	MONTICELLO, FL 32344

TITLE	
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04/23/07-80028-018 50.00

**DO NOT WRITE  
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:

*William Cary Howard*

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

Date

Daytime Phone #