

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

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**



04122008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0851435

Applied For

Not Applicable

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$539.75**

9. MANAGING MEMBERS/MANAGERS

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

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**U00000943727
05/23/08-80069-023 138.75**

**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

Original Filing Fee