

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116037

Entity Name: RENAISSANCE HANDYMAN LLC

FILED
Jun 29, 2009
Secretary of State

Current Principal Place of Business:

12306 PEACH ORCHARD DRIVE
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

12335 PLUMMER GRANT ROAD
JACKSONVILLE, FL 32258 US

Current Mailing Address:

12306 PEACH ORCHARD DRIVE
JACKSONVILLE, FL 32223 US

New Mailing Address:

12335 PLUMMER GRANT ROAD
JACKSONVILLE, FL 32258 US

FEI Number: 20-3897410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COPPER, TOM
12306 PEACH ORCHARD DRIVE
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

COPPER, TOM
12335 PLUMMER GRANT ROAD
JACKSONVILLE, FL 32258 US

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.

SIGNATURE: THOMAS R COPPER

06/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COPPER, TOM
Address: 12306 PEACH ORCHARD DRIVE
City-St-Zip: JACKSONVILLE, FL 32223 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COPPER, TOM
Address: 12335 PLUMMER GRANT ROAD
City-St-Zip: JACKSONVILLE, FL 32258 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS R COPPER

MGR

06/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date