

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-10-2006 90033 033 ****50.00

DOCUMENT # L05000121926					
1. Entity Name C & D HANDYMAN, L.L.C.					
Principal Place of Business 17638 CORALLINA DRIVE MATLACHA ISLES, FL 33991			Mailing Address 17638 CORALLINA DRIVE MATLACHA ISLES, FL 33991		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-382 8599	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DARLING, DALE 17638 CORALLINA DRIVE MATLACHA ISLES, FL 33991				7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reissuing)					
Filing Fee is \$30.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DARLING, DALE 17638 CORALLINA DRIVE MATLACHA ISLES, FL 33991 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DARLING, CAROLYN 17638 CORALLINA DRIVE MATLACHA ISLES, FL 33991 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE 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 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: <i>Dale Darling</i>			4/5/06 239/282 1444		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OFFICER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		