

DOCUMENT # L05000121026

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

FILED
Feb 07, 2008 08:00 AM
Secretary of State



02032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3828599

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DARLING, DALE
17638 CORALLINA DRIVE
MATLACHA ISLES, FL 33991

**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 _____

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 \$538.75

000000819503
02/15/08-80084-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DARLING, DALE
17638 CORALLINA DRIVE
MATLACHA ISLES, FL 33991

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DARLING, CAROLYN
17638 CORALLINA DRIVE
MATLACHA ISLES, FL 33991

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 606, Florida Statutes.

SIGNATURE: *Paul Darling*

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

2/4/08

Date

282-1444

Daytime Phone #