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Secretary of State
04-30-2007 90047 045 ****50.00

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

30009399

DOCUMENT # L06000009008

1. Entity Name
MDG HANDYMAN SERVICES,LLC

Principal Place of Business	Mailing Address
2612 UNIVERSITY ACRES DR ORLANDO, FL 32817	2612 UNIVERSITY ACRES DR ORLANDO, FL 32817

01242007 Chg-LLC CR2E083 (12/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2612 University acres Dr Suite, Apt. #, etc.	2612 University acres Dr Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando FL
Zip: 32817 Country: Orange	Zip: 32817 Country: orange

4. FEI Number: 34-2061514 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PHILLIPS, MARVA A 2612 UNIVERSITY ACRES DR ORLANDO, FL 32817	Name: Derek Phillips Street Address (P.O. Box Number is Not Acceptable): 2612 University acres Dr City: Orlando FL Zip Code: 32817

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: D Phillips 4/24/07
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PHILLIPS, MARVA A 2612 UNIVERSITY ACRES DR ORLANDO, FL 32817	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GROOTFAAM, GEORGE L 2612 UNIVERSITY ACRES DR ORLANDO, FL 32817	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PHILLIPS, DEREK A 2612 UNIVERSITY ACRES DR ORLANDO, FL 32817	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: D Phillips 4/24/07 407 482 2436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #