

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000010848

FILED
Apr 14, 2009
Secretary of State

Entity Name: HARVEY'S HANDYMAN SERVICES LLC

Current Principal Place of Business:

156 ALPINE CT
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

156 ALPINE CT
BRADENTON, FL 34208

New Mailing Address:

FEI Number: 83-0443760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, HAROLD
715 44TH AVE. E
ELLENTON, FL 34222 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HARVEY, WAYNE
Address: 156 ALPINE CT
City-St-Zip: BRADENTON, FL 34208

Title: MEMB () Delete
Name: HARVEY, TERESA L
Address: 156 ALPINE CT
City-St-Zip: BRADENTON, FL 34208

Title: MEMB () Delete
Name: HARVEY, ROBBIE L
Address: 156 ALPINE CT
City-St-Zip: BRADENTON, FL 34208

Title: MEMB () Delete
Name: HARVEY, BRANDON N
Address: 156 ALPINE CT
City-St-Zip: BRADENTON, FL 34208

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TERESA L HARVEY

MEMB

04/14/2009

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