

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/1

FILED
Aug 17, 2007 8:00 am
Secretary of State

07-16-2007 90041 050 ****55.00

DOCUMENT # L06000013063

1. Entity Name
A+ HANDYMEN SERVICES, LLC



Principal Place of Business
**8514 ALVERON AVENUE
ORLANDO, FL 32817**

Mailing Address
**8514 ALVERON AVENUE
ORLANDO, FL 32817**

30012299



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

01-0857467

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DIAZ, AMAURY
8514 ALVERON AVENUE
ORLANDO, FL 32817**

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

[Signature]
Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
DIAZ, AMAURY
8514 ALVERON AVENUE
ORLANDO, FL 32817** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BENITO, HERNANDEZ
723 MALONEY LANE
ORLANDO, FL 32825** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ 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: *[Signature]*

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

7/13/07

Date

Daytime Phone #