

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018994

Entity Name: HANDS ON II, LLC

FILED  
Mar 24, 2009  
Secretary of State

**Current Principal Place of Business:**

213 DOLPHIN ESTATES  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

213 DOLPHIN ESTATES  
DESTIN, FL 32541

**New Mailing Address:**

FEI Number: 20-4345877

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COWEN, EDDIE  
912 S PALM BLVD  
E  
NICEVILLE, FL 32578 US

**Name and Address of New Registered Agent:**

TURNER, JAMES W MGRM  
213 DOLPHIN ESTATES  
DESTIN, FL 32541 US

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: JAMES W. TURNER II

03/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TURNER, JAMES II  
Address: 213 DOLPHIN ESTATES  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES:**

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: JAMES W. TURNER II

MGRM

03/24/2009

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