

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000027498

FILED
Oct 17, 2007
Secretary of State

Entity Name: SYNERGY HANDYMAN SERVICES, LLC

Current Principal Place of Business:

4100 CORPORATE SQUARE, SUITE 114
NAPLES, FL 34104

New Principal Place of Business:

4930 HICKORY WOOD DR
NAPLES, FL 34119

Current Mailing Address:

4100 CORPORATE SQUARE, SUITE 114
NAPLES, FL 34104

New Mailing Address:

4930 HICKORY WOOD DR
NAPLES, FL 34119

FEI Number: 20-4335085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFAFF, JENNY M
4100 CORPORATE SQUARE, SUITE 114
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

PFAFF, JENNY M
4930 HICKORY WOOD DR
NAPLES, FL 34119 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: JENNY PFAFF

10/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PFAFF, LOUIS
Address: 5645 SPANISH OAKS LANE
City-St-Zip: NAPLES, FL 34119

Title: MGRM () Delete
Name: JONES, JAMES
Address: 1268 JARDIN DRIVE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES:

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: JAMES JONES

MGRM

10/17/2007

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