2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027498

Entity Name: SYNERGY HANDYMAN SERVICES, LLC

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4930 HICKORY WOOD DR 2800 DAVIS BLVD

NAPLES, FL 34119 200

NAPLES, FL 34104

Current Mailing Address: New Mailing Address:

4930 HICKORY WOOD DR 2800 DAVIS BLVD NAPLES, FL 34119 200

NAPLES, FL 34104

FEI Number: 20-4335085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PFAFF, JENNY M PFAFF, JENNY M 5021 OLD POND DRIVE 4930 HÍCKORY WOOD DR NAPLES, FL 34104 NAPLES, FL 34119

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: LOUIS PFAFF 04/15/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM () Delete (X) Change () Addition

PFAFF, LOUIS PFAFF, LOUIS Name: Name: Address: 4930 HICKORY WOOD DR Address: 5021 OLD POND DRIVE City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34104

Title: MGRM () Delete Title: () Change () Addition

Name: JONES, JAMES Name: Address: 1268 JARDIN DRIVE Address: City-St-Zip: NAPLES, FL 34104 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: LOUIS PFAFF **PRES** 04/15/2009