

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037267

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: TERRY POSEY HANDYMAN LLC

## Current Principal Place of Business:

704 BELAIR  
PENSACOLA, FL 32505 US

## New Principal Place of Business:

## Current Mailing Address:

704 BELAIR RD  
PENSACOLA, FL 32505 US

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 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: MGRM ( ) Delete  
Name: POSEY, TERRY  
Address: 704 BELAIR RD  
City-St-Zip: PENSACOLA, FL 32505 US

Title: MGRM ( ) Delete  
Name: POSEY, TONEY O  
Address: 704 BELAIR RD  
City-St-Zip: PENSACOLA, FL 32505 US

Title: MGRM ( ) Delete  
Name: POSEY, DARRYL D  
Address: 1005 W. LAURA ST.  
City-St-Zip: PENSACOLA, FL 32501 US

## 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:

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: TERRY POSEY

PRES

04/28/2008

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