

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90017 043 \*\*\*138.75

**DOCUMENT # L06000037627**

1. Entity Name

JOE'S HANDYMAN SPECIALTIES, LLC



Principal Place of Business

1720 SW WILDCAT TRAIL  
STUART FL 34997

Mailing Address

1720 SW WILDCAT TRAIL  
STUART FL 34997



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

DAVIS, JOE M  
1720 SW WILDCAT TRAIL  
STUART FL 34997

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, typed or printed name of registered agent and the fee (applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$138.75**

**After May 1, 2008, Fee Will Be \$538.75**

**Make Check Payable to Florida Department of State**

*ck accts.*

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME DAVIS, JOE M  
STREET ADDRESS 1720 SW WILDCAT TRAIL  
CITY-ST-ZIP STUART FL 34997

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Joe M. Davis* JOE M. DAVIS

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

3/31/08

772-475-4938

Date

Telephone Number

ATTACHMENT



5000635-8

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 23, 2008

JOE'S HANDYMAN SPECIALTIES, LLC  
1720 SW WILDCAT TRAIL  
STUART, FL 34997

SUBJECT: JOE'S HANDYMAN SPECIALTIES, LLC  
Ref. Number: L06000037627

We have received your document for JOE'S HANDYMAN SPECIALTIES, LLC and your check(s) totaling \$138.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$138.75.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock

Registration/Qualification Section  
Division of Corporations Letter Number: 908A00024551