

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075501

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: SUPERIOR HANDYMAN SERVICES, LLC

## Current Principal Place of Business:

1131 ARBOR HILL CIRCLE  
MINNEOLA, FL 34715 US

## New Principal Place of Business:

848 PARK VALLEY CIRCLE  
MINNEOLA, FL 34715 US

## Current Mailing Address:

1131 ARBOR HILL CIRCLE  
MINNEOLA, FL 34715 US

## New Mailing Address:

848 PARK VALLEY CIRCLE  
MINNEOLA, FL 34715 US

FEI Number: 20-5289337

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRISTELLO, FELIX  
1131 ARBOR HILL CIRCLE  
MINNEOLA, FL 34715 US

## Name and Address of New Registered Agent:

KOKAS, CAROLYN  
848 PARK VALLEY CIRCLE  
MINNEOLA, FL 34715 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: CAROLYN KOKAS

04/30/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CRISTELLO, FELIX  
Address: 1131 ARBOR HILL CIRCLE  
City-St-Zip: MINNEOLA, FL 34715

Title: M ( ) Delete  
Name: KOKAS, CAROLYN  
Address: 848 PARK VALLEY CIRCLE  
City-St-Zip: MINNEOLA, FL 34715

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KOKAS, CAROLYN  
Address: 848 PARK VALLEY CIRCLE  
City-St-Zip: MINNEOLA, FL 34715

Title: MGRM (X) Change ( ) Addition  
Name: KOKAS, THEODORE  
Address: 848 PARK VALLEY CIRCLE  
City-St-Zip: MINNEOLA, FL 34715

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: CAROLYN KOKAS

MGRM

04/30/2007

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