

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90337 019 ****50.00

DOCUMENT # L06000085114

1. Entity Name

THE MAINE MAN - HANDYMAN SERVICE, LLC



Principal Place of Business

802 CYPRESS OAK CIRCLE
DELAND FL 32720

Mailing Address

802 CYPRESS OAK CIRCLE
DELAND FL 32720



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

505 CYPRESS OAK CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

DELAND

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

32720

Country

FLORIDA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBER, KENNETH J
802 CYPRESS OAK CIRCLE
DELAND FL 32720

7. Name and Address of New Registered Agent

Name

WEBER, KENNETH J.

Street Address (P.O. Box Number is Not Acceptable)

505 CYPRESS OAK CIRCLE

City

DELAND

FL

Zip Code

32720

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR ☐ Delete
NAME: WEBER, KENNETH J
STREET ADDRESS: 802 CYPRESS OAK CIRCLE
CITY-ST-ZIP: DELAND FL 32720

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 505 CYPRESS OAK CIRCLE
CITY-ST-ZIP: DELAND, FL. 32720

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

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

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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:

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

Date

Daytime Phone #