

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

138.75

FILED

Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000085114

1. Entity Name
THE MAINE MAN - HANDYMAN SERVICE, LLC



Principal Place of Business

**505 CYPRESS OAK CIR
DELAND, FL 32720**

Mailing Address

**505 CYPRESS OAK CIR
DELAND, FL 32720**



03312008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEBER, KENNETH J
505 CYPRESS OAK CIRCLE
DELAND, FL 32720**

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000916047

05/12/08-20012-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WEBER, KENNETH J
STREET ADDRESS	505 CYPRESS OAK CIRCLE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 606, Florida Statutes.

SIGNATURE: _____

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

4/18/08

Date

Daytime Phone #

386-

366-1805