

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 SEP 25 PM 2:15

SEC. OF STATE
TALLahassee, FL 32810



DOCUMENT # L06000088676 1. Entity Name ZUCC'S HANDYMAN, LLC					
Principal Place of Business 17626 COUNTY ROAD 2082 HAWTHORNE, FL 32640			Mailing Address P. O. BOX 1902 HAWTHORNE, FL 32640		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		09242007 REIN-LLC CR2E101 (1/07)	
Zip		Country		4. FEI Number 75-3098043	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
\$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent			
MIDDLETON, ESQ., JOHN D 303 STATE ROAD 26 MELROSE, FL 32666		7. Name and Address of New Registered Agent			
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		<i>John D. Middleton</i>		DATE 9/24/07	
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZUCCARELL, WILLIAM T 17626 COUNTY ROAD 2082 HAWTHORNE, FL 32640	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000110053190 09/28/07--01057--021 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	REINSTATEMENT	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 608, Florida Statutes.					
SIGNATURE:		<i>William T. Zuccarell</i>		DATE 9/24/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE		Daytime Phone # 352-481-4018	