2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

4/26/2007-90034-002-$55.00-$55.00

FILED
07 JUL -6 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DB

DOCUMENT # L06000100934

1. Entity Name
MARIO'S HANDYMAN SERVICE LLC

Principal Place of Business	Mailing Address
1949 FAULK DRIVE TALLAHASSEE FL 32303	1949 FAULK DRIVE TALLAHASSEE FL 32303

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1949 FAUlK DR		1949 FAUlK DR	
Suite, Apt. #, etc.: 1949 FAUlK DR		Suite, Apt. #, etc.: 1949 FAUlK DR	
City & State: TALLAHASSEE		City & State: TALLAHASSEE FL	
Zip: FL	Country: LEON.	Zip: 32303	Country: Leon.

4. FEI Number: 14-1480299. ☐ 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
MARTINEZ, MARIO 1949 FAULK DRIVE TALLAHASSEE FL 32303	Name: N/A Street Address (P.O. Box Number is Not Acceptable): N/A N/A City: N/A 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 Mario Martinez
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, MARIO 1949 FAULK DRIVE TALLAHASSEE FL 32303	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000782367 04/20/07 900??-024 150.00	☐ Change ☐ Addition

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: Mario Martinez 4-5-07. 3218541.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #