# LIMITED LIABILITY COMPANY
# ANNUAL REPORT (AR)

**DOCUMENT #** _LO6000105215_

1. Entity Name

_Andyman Services, LLC_

## DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address | |
|---|---|---|
| _14902 Roland Ave_ | _14902 Roland Ave_ | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |

| City & State _Springhill FL_ | City & State _Springhill FL_ | 4. FEI Number _510612842_ | Applied For |
|---|---|---|---|
| | | | Not Applicable |
| Zip _34610_ Country _Pasco US_ | Zip _34610_ Country _FL US_ | 5. Certificate of Status Desired ☐ | $5.00 Additional Fee Required |

## DO NOT WRITE
## IN THIS SPACE

**7. Name and Address of Current Registered Agent**

Name _Andy Wolthekker_

Street Address (P.O. Box Number is Not Acceptable)
_14902 Roland Ave_

City _Springhill_    **FL**    Zip Code _34610_

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]_

Signature, typed or printed name of registered agent and title if applicable       DATE

**FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

| | | | |
|---|---|---|---|
| TITLE _MGR_ | | TITLE | |
| NAME _Andy Wolthekker_ | | NAME | |
| STREET ADDRESS _14902 Roland Ave_ | | STREET ADDRESS | |
| CITY-ST-ZIP _Springhill FL 34610_ | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE       Date       Daytime Phone #