

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000118357

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Entity Name:** A PLUS HANDYMAN SERVICE, LLC

**Current Principal Place of Business:**

11515 REVENUE CT  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

2304 ST JOHNS BLUFF RD S  
APARTMENT 4107  
JACKSONVILLE, FL 32246 US

**Current Mailing Address:**

11515 REVENUE CT  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

2304 ST JOHNS BLUFF RD S  
APARTMENT 4107  
JACKSONVILLE, FL 32246 US

**FEI Number:** 45-4237651

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DENMAN, LARRY C PRES  
11515 REVENUE CT  
JACKSONVILLE, FL 32246 US

**Name and Address of New Registered Agent:**

DENMAN, JONATHAN C  
2304 ST JOHNS BLUFF RD S  
APARTMENT 4107  
JACKSONVILLE, FL 32246 US

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.

SIGNATURE: JONATHAN DENMAN

01/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: DENMAN, JONATHAN C  
Address: 2304 ST JOHNS BLUFF RD S APT 4107  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MGRM  
Name: DENMAN, CHERISE L  
Address: 2304 ST JOHNS BLUFF RD S APT 3104  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JONATHAN DENMAN

PRES

01/12/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date