

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007979

FILED  
Jul 13, 2008  
Secretary of State

**Entity Name:** GARY BRESSETT HANDYMAN SERVICES L.L.C.

**Current Principal Place of Business:**

1710 UMBRELLA TREE DRIVE  
EDGEWATER, FL 32132

**New Principal Place of Business:**

**Current Mailing Address:**

1710 UMBRELLA TREE DRIVE  
EDGEWATER, FL 32132

**New Mailing Address:**

FEI Number: 45-0550957      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BRESSETT, GARY  
1710 UMBRELLA TREE DRIVE  
EDGEWATER, FL 32132      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BRESSETT, GARY  
Address: 1710 UMBRELLA TREE DRIVE  
City-St-Zip: EDGEWATER, FL 32132

Title: MGRM      ( ) Delete  
Name: BRESSETT, KIM  
Address: 1710 UMBRELLA TREE DRIVE  
City-St-Zip: EDGEWATER, FL 32132

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GARY BRESSETT

MGRM

07/13/2008

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