

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010118

Entity Name: HANDYMAN NIKOLAS, LLC

FILED  
Jun 10, 2009  
Secretary of State

## Current Principal Place of Business:

26 DIPLOMAT PARKWY  
2374  
HALLANDALE, FL 33009

## New Principal Place of Business:

322 S 26 AVE  
HOLLYWOOD, FL 33020

## Current Mailing Address:

26 DIPLOMAT PARKWY  
2374  
HALLANDALE, FL 33009

## New Mailing Address:

322 S 26 AVE  
HOLLYWOOD, FL 33020

FEI Number: 20-8319848      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:

GLAZER, BRONYA  
26 DIPLOMAT PARKWY  
COMMERCIAL  
HALLANDALE, FL 33009 US

## Name and Address of New Registered Agent:

SORSHER, ALEX  
2500-1 N STATE ROAD 7  
HOLLYWOOD, FL 33021 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: ALEX SORSHER

06/10/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: CHETVERIKOV, NIKOLAY  
Address: 26 DIPLOMAT PARKWY  
City-St-Zip: HALLANDALE, FL 33009

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: WHITE, NICOLAS  
Address: 322 S 26 AVE  
City-St-Zip: HOLLYWOOD, FL 33020

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: NICOLAS WHITE

MGR

06/10/2009

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