FILED
Jul 23, 2008 8:00 am
Secretary of State

06-05-2008 90224 003 ***135.75
07-23-2008 90035 006 *****3.00

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000023854

1. Entity Name
JESSE DOES IT ALL HANDYMAN SERVICE, LLC

Principal Place of Business	Mailing Address
2930 STONEMONT STREET 35W JACKSONVILLE, FL 32207 US	2930 STONEMONT STREET 35W JACKSONVILLE, FL 32207 US

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05232008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
801 S. 6th St.	801 S. 6th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fernandina Beach FL	City & State: Fernandina Beach FL
Zip: 32034 Country: US	Zip: 32034 Country: US

4. FEI Number: 20-8553675 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFERSON, JOE D
5412 MORSE AVE
JACKSONVILLE, FL 32244

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 [signature] Joe D. Jefferson / RA — 5/23/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALDES, JESUS S 2930 STONEMONT STREET #35W JACKSONVILLE, FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALDES, JESUS S. 801 S. 6th St Fernandina Beach FL 32034	☑ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: [signature] 5/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #