## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 28, 2008 8:00 am Secretary of State

ANNUAL REPORT							Secretary of State				
DOCUMENT # L07000028003								04-28-2008			
	IÉ HANDYMAN SEI	RVICES L	LC								
Principal Plac	ce of Business		Mailing Address						-		
4136 COYOTE TRAIL			4136 COYOTE TRAIL								
POLK CITY, I	FL 33868		POLK CITY, FL 33868								
								BIL BYRK KEBIL BEKK BBILL EN	(E <b>etus</b> (1 <b>01</b> ) (e)	II 80% 88% II	1 <b>16</b> 1. (14. (8.1)
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04232008	B Chg-LLC	CR2E08	33 (12/06)	
City & State			City & State				4. FEI Num	ber 9136791	<del></del>	<del> </del> -	plied For ot Applicable
Zip	Zip Country		Zip Coun		itry		5. Certificate of Status Desired Specificate of Status Desired Fee Regulred				
	6. Name and Address	tegistered Agent				7. Name and Address of New Registered Agent					
					Name						
NOYES, JOSHUA D 4136 COYOTE TRAIL				Street Add	dress (F	ess (P.O. Box Number is Not Acceptable)					
POLK CIT	Y, FL 33868										
			City						FL	Zip Code	е
	e named entity submits this itions of registered agent.	statement for	the purpose of changing its	registere	ed office or re	egistere	ed agent, or i	both, in the State of Fl	orida. I am fa	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of r	endered agent ag	vi title it applicable (NOTI	F Registere	d Agent signature	monited	when reinstatuuri		DATE		
			(10.11	z. negotion	o gon op and		· · · · · · · · · · · · · · · · · · ·	1			
After Ma	E NOW!!! FEE IS \$13 y 1, 2008 Fee will be	8.75 \$538.75						E0000000000000000000000000000000000000	e check pa a Departme	c Turreronnon mentel (190	a .
9.	MANAG	NG MEMBER	L	10.				ADDITIONS	/CHANGES		
TITLE	MGR		☐ Delete	TITLE	É					Change	Addition
NAME	NOYES, JOSHUA D				JE .						
CITY-ST-ZIP	REET ADDRESS 4136 COYOTR TRAIL  TY-ST-ZIP POLK CITY, FL 33868				ET ADDRESS -ST-ZIP						:
TITLE	MGR	,	☐ Delete	TITLE						☐ Change	Addition
NAME	HUDSON, DAVID P		U Delete	NAM							C Addition
STREET ADDRESS	STREET ADDRESS 537TAVARES RD		STI		EET ADDRESS						
CITY-ST-ZIP	POLK CITY, FL 33868	3		CITY	-ST-ZIP						- <del></del> -
TITLE			Delete	TITLE	II					Change	☐ Addition
NAME STREET ADDRESS				NAM ette	ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
TITLE			☐ Delete	TITLE	E					☐ Change	Addition
NAME				NAM	1						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
TITLE			☐ Delete	TITLE						☐ Change	Addition
NAME			Dalais C	NAM	I .						Addition
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP		<u> </u>				
TITLE			☐ Delete	THLE	II.	-				Change	☐ Addition
NAME .	1 -			NAM	LŁ						

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 exemptions contained by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \_\_\_

STREET ADDRESS

CATY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytme Phone #