

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000064251

FILED
Mar 08, 2008
Secretary of State

Entity Name: TONY TRIPI HANDYMAN, LLC

Current Principal Place of Business:

5788 A1A S.
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

5788 A1A S.
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TRIP, JUDITH K
5788 A1A SOUTH
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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: TRIPI, ANTHONY L
Address: 349 VALVERDE LANE
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

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: ANTHONY L TRIPI

MGRM

03/08/2008

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