2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2008 8:00 am Secretary of State

DOCUI												
DOCUMENT # L07000074332 1. Entity Name VIKTOR HANDYMAN & MAINTENANCE SERVICES, LLC								04-17-200	08 90169	031 ***13	38.75	
Principal Place of Business 12235 NW 5TH AVE NORTH MIAMI, FL 33168 US				Mailing Address 12235 NW 5TH AVE NORTH MIAMI, FL 33168 US						500	004221	0
2 Origanal P	lace of Quein	oss No BO Bo	v #	3. Mailing Address								
2. Principal Place of Business - No P.O. Box # 2509NE 190 ST			2509 NE 190 ST					BUILT 30011 00151 00211 1	LUISI UULII IUUSIS I			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03312008	Chg-LLC	CR2E	083 (12/06)	٠.	
NOUTH MIAM! BEACH, FL				City & State NOETHHIAMI BL			,	4. FEI Numbe	35-230	03401		plied For at Applicable
^{Zip} 33/	180	Country U.	S.A	^{Zip} 33180	Coun	rry S. A	<u>'</u>		of Status Desired		\$5.00 Add Fee Require	
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
SZAFRICS, IMRE 424 E CENTRAL BLVD							ddress (f	O. Box Numb	KARNI er is Not Acceptal	<u>K</u> ble)		
# 106 ORLANDO), FL 3280	01					<u> </u>	19 NE	19031			
ORESINDO, 1 E 32001						NORTH MIAMI BEACH FL Zip Code 33180						
			ement for	the purpose of changing	its register	ed office o	r register	ed agent, or bo	th, in the State of	Florida. I am	familiar with,	and accept
the obligat	ions of regist	ereo ageni.	, (_	
SIGNATURE:	<u> </u>	- la	w	JZ VIK	TOR	L/	121	NK	04-14	-08	<i></i>	
SIGNATURE	Signature, typed	or printed name of regus	tered agent a	nd title if applicable (N	TOR DTE: Registere	d Agent signat	ture required	When reinstating)	04-14	- 0 &		
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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.

NAME

STREET ADORESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: WILL LOUND VIKTOR KARNIK 04-14-08 786-768-0793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #