

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-17-2008 90169 031 ***138.75

DOCUMENT # L07000074332

1. Entity Name
VIKTOR HANDYMAN & MAINTENANCE SERVICES, LLC



Principal Place of Business
**12235 NW 5TH AVE
NORTH MIAMI, FL 33168 US**

Mailing Address
**12235 NW 5TH AVE
NORTH MIAMI, FL 33168 US**

50004220



2. Principal Place of Business - No P.O. Box #

2509 NE 190 ST

3. Mailing Address

2509 NE 190 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312008 Chg-LLC CR2E083 (12/06)

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH, FL

4. FEI Number

35-2303401

Applied For

Not Applicable

Zip

33180

Country

U.S.A.

Zip

33180

Country

U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SZAFRICKS, IMRE
424 E CENTRAL BLVD
106
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name **VIKTOR KARNIK**

Street Address (P.O. Box Number is Not Acceptable)
2509 NE 190 ST

City **NORTH MIAMI BEACH**

FL

Zip Code

33180

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]

VIKTOR KARNIK

04-14-08

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
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **KARNIK, VIKTOR**
STREET ADDRESS **12235 NW 5TH AVE**
CITY-ST-ZIP **NORTH MIAMI, FL 33168**

TITLE **MGRM** ☐ Delete
NAME **SZIJGYARTO, ANDRAS**
STREET ADDRESS **9201 LITTLE RIVER DR**
CITY-ST-ZIP **MIAMI, FL 33147**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **KARNIK, VIKTOR**
STREET ADDRESS **2509 NE 190 ST**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33180**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]* **VIKTOR KARNIK** **04-14-08** **786-768-0793**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #