

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090545

Entity Name: MR. AND MRS. HANDY LLC

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

12021 WANDSWORTH DR
TAMPA, FL 33626

New Principal Place of Business:

2370 ROSE TERRACE PATH
BROOKSVILLE, FL 34602

Current Mailing Address:

12021 WANDSWORTH DR
TAMPA, FL 33626

New Mailing Address:

2370 ROSE TERRACE PATH
BROOKSVILLE, FL 34602

FEI Number: 26-0801213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MASON, WILLIAM C
12021 WANDSWORTH DR
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

MASON, WILLIAM C
2370 ROSE TERRACE PATH
BROOKSVILLE, FL 34602 US

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:

04/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MASON, WILLIAM C
Address: 12021 WANDSWORTH DR
City-St-Zip: TAMPA, FL 33626

Title: MGR () Delete
Name: GRYNIUK, AMANDA
Address: 12021 WANDSWORTH DR
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MASON, WILLIAM C
Address: 2370 ROSE TERRACE PATH
City-St-Zip: BROOKSVILLE, FL 34602

Title: MGR (X) Change () Addition
Name: GRYNIUK, AMANDA
Address: 2370 ROSE TERRACE PATH
City-St-Zip: BROOKSVILLE, FL 34602

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: WILLIAM C. MASON

MR

04/22/2008

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