

**LIMITED LIABILITY COMPANY,
ANNUAL REPORT**

For Office Use Only

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 28 AM 8:37

DOCUMENT # **L07000097561**

1. Entity Name

**GREG AND TERRI THE
HANDY COUPLE**



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

1916 Blue River Rd

Suite, Apt. #, etc.

3. Mailing Address

1916 Blue River Rd

Suite, Apt. #, etc.

CR2E083B (12/07)

City & State

HOLIDAY Florida

City & State

HOLIDAY Florida

Zip

34691

Country

Zip

34691

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6.

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7. Name and Address of Current Registered Agent

Name

Grigonos Christodoulaki's

Street Address (P.O. Box Number is Not Acceptable)

1916 Blue River Rd

City

HOLIDAY

FL

Zip Code

34691

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, typed or printed name of registered agent and title if applicable.

DATE

January 1 - May 1 Fee is \$138.75

After May 1, Fee is \$538.75

Amended AR is \$50.00

Make Check Payable to Florida Department of State

9.

MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**THEODORA VALKANA
1916 Blue River Rd
HOLIDAY FL 34691**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10.

500121105525
03/25/08--01002--005 **138.00

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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.

SIGNATURE: **[Signature]**

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

Date

Daytime Phone #

727-938-2668