2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106065

Entity Name: J. NEWELL HANDYMAN SERVICES, LLC

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5114 MELBOURNE STREET UNIT 1105 15399 BRAINBRIDGE CIRCLE PORT CHARLOTTE, FL 33980 PORT CHARLOTTE, FL 33981

Current Mailing Address: New Mailing Address:

5114 MELBOURNE STREET UNIT 1105 15399 BRAINBRIDGE CIRCLE PORT CHARLOTTE, FL 33980 PORT CHARLOTTE, FL 33981

FEI Number: 26-1264476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEWELL, JOSHUA H
5114 MELBOURNE STREET UNIT 1105
PORT CHARLOTTE, FL 33980 US

NEWELL, JOSHUA H
15399 BRAINBRIDGE CIRCLE
PORT CHARLOTTE, FL 33981 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: 04/28/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 NEWELL, JOSHUA H

 Address:
 5114 MELBOURNE STREET UNIT 1105

 Name:
 NewELL, JOSHUA H

 Address:
 15399 BRAINBRIDGE CIRCLE

Address: 5114 MELBOURNE STREET UNIT 1105 Address: 15399 BRAINBRIDGE CIRCLE City-St-Zip: PORT CHARLOTTE, FL 33980 City-St-Zip: PORT CHARLOTTE, FL 33981

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: JOSHUA H. NEWELL MGR 04/28/2009