

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113486

FILED
May 01, 2008
Secretary of State

Entity Name: LUVHANDLZ, LLC.

Current Principal Place of Business:

636 IRONWOOD DRIVE
PONTE VEDRA, FL 32004 US

New Principal Place of Business:

Current Mailing Address:

636 IRONWOOD DRIVE
PONTE VEDRA, FL 32004 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: HANZLIK, ANDREW
Address: 636 IRONWOOD DRIVE
City-St-Zip: PONTE VEDRA, FL 32004 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: HANZLIK, ZACHARY
Address: 636 IRONWOOD DRIVE
City-St-Zip: PONTE VEDRA, FL 32004 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: HANZLIK, EDITH
Address: 636 IRONWOOD DRIVE
City-St-Zip: PONTE VEDRA, FL 32004 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANDREW HANZLIK

MGRM

05/01/2008

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