



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L07000119158</b> 1. Entity Name <b>STRONG TOWER HANDYMAN &amp; REMODELING SERVICES, LLC</b>						<b>FILED</b> <b>08 JUN 26 PM 4: 15</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>2477 ARVAH BRANCH BLVD.</b> <b>TALLAHASSEE, FL 32309</b>				Mailing Address <b>2477 ARVAH BRANCH BLVD.</b> <b>TALLAHASSEE, FL 32309</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent  <b>DIAZ, ROBERTO</b> <b>2477 ARVAH BRANCH BLVD.</b> <b>TALLAHASSEE, FL 32309</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Did not receive 2008 A.R. notice.		Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>DIAZ, ROBERTO</b> <b>2477 ARVAH BRANCH BLVD.</b> <b>TALLAHASSEE, FL 32309</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200132102892</b> <b>07/03/08--01003--005 **138.75</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<b>6/26/08</b> <small>Date</small>			
				<small>Daytime Phone #</small>			