

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90111 006 ***143.75

DOCUMENT # L07000123674

1. Entity Name
MARK D. JUDGE HANDYMAN SERVICE, LLC.



Principal Place of Business
810 S. THYME POINT
HOMOSASSA, FL 34448 US

Mailing Address
810 S. THYME POINT
HOMOSASSA, FL 34448 US

30003243

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

3. Mailing Address

P.O. Box 4652



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192008 Chg-LLC CR2E083 (12/06)

City & State

City & State

Homosassa Springs, FL

4. FEI Number

261562580

Applied For

Not Applicable

Zip

Country

Zip

34447

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUDGE, MARK
810 S. THYME POINT
HOMOSASSA, FL 34448

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JUDGE, MARK
810 S. THYME POINT
HOMOSASSA, FL 34448 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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.

SIGNATURE:

Mark D. Judge

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

Date

14-14-08 1352 302 8873

Daytime Phone #