

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000040033

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: ACE HANDYMAN SERVICE LLC

## Current Principal Place of Business:

389 LOVELAND BLVD.  
PORT CHARLOTTE, FL 33954

## New Principal Place of Business:

## Current Mailing Address:

389 LOVELAND BLVD.  
PORT CHARLOTTE, FL 33954

## New Mailing Address:

FEI Number: 26-2554073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

LAROE, RAGEN C  
389 LOVELAND BLVD  
PORT CHARLOTTE, FL 33954 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: RAGEN C LAROE

04/17/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: LAROE, RAGEN  
Address: 389 LOVELAND BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: MGR ( ) Delete  
Name: RUTH, DAVID JR.  
Address: 389 LOVELAND BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: S (X) Delete  
Name: RUTH, DAVID JR.  
Address: 389 LOVELAND BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: T (X) Delete  
Name: LAROE, RAGEN JR.  
Address: 389 LOVELAND BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33954

## ADDITIONS/CHANGES:

Title: T (X) Change ( ) Addition  
Name: LAROE, RAGEN  
Address: 389 LOVELAND BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: P (X) Change ( ) Addition  
Name: RUTH, DAVID JR.  
Address: 389 LOVELAND BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33954

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

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: RAGEN C LAROE

T

04/17/2009

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