

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000081144

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** CLINT'S PROFESSIONAL HANDYMAN SERVICES, LLC

**Current Principal Place of Business:**

16395 ALCIRA CIR  
PUNTA GORDA, FL 33955 US

**New Principal Place of Business:**

**Current Mailing Address:**

16395 ALCIRA CIR  
PUNTA GORDA, FL 33955 US

**New Mailing Address:**

PO BOX 511243  
PUNTA GORDA, FL 33951 US

FEI Number: 26-3249910

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RICHMOND, CLINT  
16395 ALCIRA CIR  
PUNTA GORDA, FL 33955 US

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

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:**

Title: MGRM ( ) Delete  
Name: RICHMOND, CLINT  
Address: 16395 ALCIRA CIR  
City-St-Zip: PUNTA GORDA, FL 33955 US

**ADDITIONS/CHANGES:**

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: CLINT RICHMOND

PRES

04/30/2009

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