2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L08000086840

Entity Name: RIVERS HANDY SERVICES, LLC

Current Principal Place of Business:

105 WALKER CREEK DR.
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

5 JUNIPER DRIVE
CRAWFORDVILLE, FL 32327

Current Mailing Address:

105 WALKER CREEK DR.
CRAWFORDVILLE, FL 32327

New Mailing Address:

5 JUNIPER DRIVE
CRAWFORDVILLE, FL 32327

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:

RIVERS, JON THOMAS
105 WALKER CREEK DR.
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

RIVERS, JON THOMAS
5 JUNIPER DRIE
CRAWFORDVILLE, FL 32327 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: 05/01/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RIVERS, JON THOMAS
Address: 105 WALKER CREEK DR.
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RIVERS, JON THOMAS
Address: 5 JUNIPER DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

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: JON THOMAS RIVERS PRES 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date