

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093246

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** EAGLE HANDYMAN SERVICES, LLC

**Current Principal Place of Business:**

5980 S.E. 121ST LANE  
BELLEVIEW, FL 34420

**New Principal Place of Business:**

**Current Mailing Address:**

5980 S.E. 121ST LANE  
BELLEVIEW, FL 34420

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **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:**

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

FREDERICKS, DANIEL L  
5980 S.E. 121ST LANE  
BELLEVIEW, FL 34420    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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      FREDERICKS, DANIEL L JR  
Address:                      5980 SE 121ST LANE  
City-St-Zip:                      BELLEVIEW, FL 34420

**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: DANIEL FREDERICKS

MBR

05/01/2009

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