

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099434

FILED
Feb 10, 2009
Secretary of State

Entity Name: HANDAL MANAGEMENT, LLC

Current Principal Place of Business:

17689 FIELDBROOK CIRCLE N.
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

17689 FIELDBROOK CIRCLE N.
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 26-3756502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNEDY TRINLEY & SANTINO, P.L.
1675 PALM BEACH LAKES BLVD.
STE. 700
WEST PALM BEACH, FL 33401 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: HANDAL, ARTHUR G
Address: 17689 FIELDBROOK CIRCLE N.
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM () Delete
Name: HANDAL, CHRISTINE
Address: 17689 FIELDBROOK CIRCLE N.
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM () Delete
Name: HANDAL FAMILY IRRV T, RUST AGRT DTD 1 0/17/08
Address: 2230 SW 15TH PL
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES:

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

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: CHRISTINE HANDAL

MGR

02/10/2009

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