

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000035954

**FILED**  
**Mar 26, 2011**  
**Secretary of State**

**Entity Name:** JON COLEMAN HANDY SERVICES " LLC "

**Current Principal Place of Business:**

3754 FROUDE STREET  
NORTHPORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

3754 FROUDE STREET  
NORTHPORT, FL 34286

**New Mailing Address:**

**FEI Number:** 20-4871788

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FRANCIS, LEAL  
3754 FROUDE STREET  
NORTHPORT, FL 34286 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: MGR  
Name: COLEMAN, JON D  
Address: 1152 KAYAN ST.  
City-St-Zip: NORTHPORT, FL 34288

Title: MGRM  
Name: FRANCIS, LEAL  
Address: 2754 FROUDE ST.  
City-St-Zip: NORTHPORT, FL 34286

I hereby 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: LEAL FRANCIS

MGRM

03/26/2011

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