

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000089514

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

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

18380 N.E.12TH CT  
CITRA, FL 32113 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 1558  
ANTHONY, FL 32617 US

**New Mailing Address:**

FEI Number: 27-0945073      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ALLING, ARNOLD E  
18380 N.E. 12TH CT  
CITRA, FL 32113 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  
Name: ALLING, ARNOLD  
Address: P.O.BOX 1558  
City-St-Zip: ANTHONY, FL 32617 US

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: ARNOLD E. ALLING

MGRM

04/26/2010

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