


# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L10000046939	
1. Entity Name MAGIC-E HANDY SERVICE LLC	

Principal Place of Business 4138 ARKLOW DRIVE TALLAHASSEE, FL 32309	Mailing Address 4138 ARKLOW DRIVE TALLAHASSEE, FL 32309
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc

City & State	City & State
Zip	Country

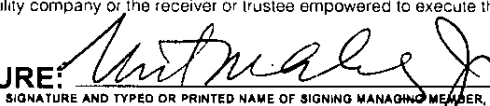
6. Name and Address of Current Registered Agent	
ALVAREZ, VICTOR M JR. 4138 ARKLOW DRIVE TALLAHASSEE, FL 32309	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

8. 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. I am familiar with, and accept the obligations of, registered agent.	
SIGNATURE 	DATE
(NOTE: Registered Agent signature required if applicable)	

FILE NOW!!! FEE IS \$238.75 After January 1, 2012, Fee will be \$377.50	REINSTATEMENT	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALVAREZ, VICTOR M JR 4138 ARKLOW DRIVE TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 	DATE: DEC 19 2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

FILED  
11 DEC 19 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12192011 REIN-LLC CR2E101 (1/07)

4. FEI Number	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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REINSTATEMENT

700215327297  
12/19/11-01005-001 \*\*238.75

B. BOSTICK

EXAMINER