

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000042481

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** HANDYMAN BOB SERVICES OF PARADISE L.L.C.

**Current Principal Place of Business:**

6737 KETONA RD  
NORTH PORT, FL 34287 US

**New Principal Place of Business:**

1950 EMRICK ST  
NORTH PORT, FL 34291 US

**Current Mailing Address:**

6737 KETONA RD  
NORTH PORT, FL 34287 US

**New Mailing Address:**

1950 EMRICK ST  
NORTH PORT, FL 34291 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

JEFFS, ROBERT J  
6737 KETONA RD  
NORTH PORT, FL 34287 US

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

JEFFS, ROBERT J  
1950 EMRICK ST  
NORTH PORT, FL 34291 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: ROBERT J JEFFS

04/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR  
Name: JEFFS, ROBERT J  
Address: 1950 EMRICK ST  
City-St-Zip: NORTH PORT, FL 34291

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: ROBERT J JEFFS

MR

04/05/2012

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