

120000396253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

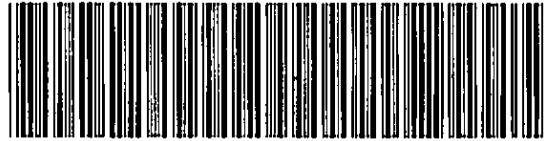
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR - 4 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLIVER HANDYMAN SERVICES LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark A. Oliver

Name of Person

Oliver Handyman Servies LLC

Firm/Company

12356 Wood Blossom Court

Address

Jacksonville, Fl. 32246

City/State and Zip Code

uoflou99@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark A. Oliver

904

449-9998

at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

INHS18 (2/14)

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000396253

Entity Name: OLIVER HANDYMAN SERVICES LLC

Current Principal Place of Business:

12356 WOOD BLOSSOM CT.
JACKSONVILLE, FL 32246

Current Mailing Address:

12356 WOOD BLOSSOM CT.
JACKSONVILLE, FL 32246 US

FEI Number: 85-4219051

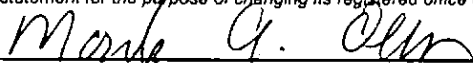
Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD.
SUITE 36
ORLANDO, FL 32822 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:


Electronic Signature of Registered Agent

DEC 12, 2022
Date

Authorized Person(s) Detail :

Title AMBR
Name OLIVER, MARK A
Address 12356 WOOD BLOSSOM CT.
City-State-Zip: JACKSONVILLE FL 32246

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK ANTHONY OLIVER

OWNER

03/03/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date