

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000099152

**Entity Name:** RAMON GONZALEZ HANDYMAN & BLINDS SPECIALIST LLC

**Current Principal Place of Business:**

1918 BINNACLE STREET  
KISSIMMEE, FL 34744

**Current Mailing Address:**

1918 BINNACLE STREET  
KISSIMMEE, FL 34744

**FEI Number:** 11-3723869

**Certificate of Status Desired:** No

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

GONZALEZ, RAMON  
1918 BINNACLE STREET  
KISSIMMEE, FL 34744 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

|                 |                      |                 |                    |
|-----------------|----------------------|-----------------|--------------------|
| Title           | MGR                  | Title           | PRESIDENT          |
| Name            | GONZALEZ, RAMON      | Name            | GONZALEZ, RAMON    |
| Address         | 1918 BINNACLE STREET | Address         | 1918BINNACLE ST    |
| City-State-Zip: | KISSIMMEE FL 34744   | City-State-Zip: | KISSIMMEE FL 34744 |

*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:** RAMON GONZALEZ

**OWNER**

**01/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date