

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000137904

**Entity Name:** A BLESSED HANDYMAN SERVICE LLC

**Current Principal Place of Business:**

843 WEST AMERICAN EAGLE DR  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

843 WEST AMERICAN EAGLE DR  
ST AUGUSTINE, FL 32092

**FEI Number: 46-4377472**

**Certificate of Status Desired: Yes**

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

BURLEIGH, TRAVIS R  
843 WEST AMERICAN EAGLE DR  
ST AUGUSTINE, FL 32092 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	MGRM	Title	MGRM
Name	BURLEIGH, TRAVIS R	Name	BURLEIGH, TINA M
Address	843 WEST AMERICAN EAGLE DR	Address	843 WEST AMERICAN EAGLE DR
City-State-Zip:	ST AUGUSTINE FL 32092	City-State-Zip:	ST AUGUSTINE FL 32092

*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: TRAVIS BURLEIGH**

**OWNER**

**03/15/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date