

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000015986

**Entity Name:** JOSE GARRIDO HANDYMAN SERVICES L.L.C.

**Current Principal Place of Business:**

9325 S.MAGNOLIA AVE  
OCALA, FL 34476

**Current Mailing Address:**

PO BOX 831634  
OCALA, FL 34483 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GARRIDO, JOSE A  
9325 S. MAGNOLIA AVE  
OCALA, FL 34476 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            OWNER  
Name            GARRIDO, JOSE ARTURO  
Address        PO BOX 831634  
City-State-Zip: Ocala FL 34483

*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:** JOSE GARRIDO

**OWNER**

**04/18/2019**

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

\_\_\_\_\_  
Date