

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000229037

**Entity Name:** CARLOS P HANDYMAN SERVICES LLC

**Current Principal Place of Business:**

4299 SAWYER CIRCLE  
SUITE B  
ST CLOUD, FL 34772

**Current Mailing Address:**

4299 SAWYER CIRCLE  
SUITE B  
ST CLOUD, FL 34772 US

**FEI Number:** 81-4776167

**Certificate of Status Desired:** No

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

PARRA, CARLOS  
4299 SAWYER CIRCLE  
SUITE B  
ST CLOUD, FL 34772 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	MANAGER	Title	MGR
Name	PARRA, CARLOS	Name	ACOSTA, MONICA
Address	4299 SAWYER CIRCLE SUITE B	Address	4299 SAWYER CIRCLE SUITE B
City-State-Zip:	ST CLOUD FL 34772	City-State-Zip:	ST CLOUD FL 34772

*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:** MONICA ACOSTA

**MGR**

**04/24/2024**

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

\_\_\_\_\_  
Date