

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000076550

Entity Name: LUCINDA'S HANDYMAN AND DELIVERY SERVICE LLC

Current Principal Place of Business:

8797 WHISPERING PINE DR
JACKSONVILLE, FL 32244

Current Mailing Address:

8797 WHISPERING PINE DRIVE
JACKSONVILLE, FL 32244 US

FEI Number: 92-1902164

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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 AMBR
Name PRYOR, CALVIN II
Address 8797 WHISPERING PINE DRIVE
City-State-Zip: JACKSONVILLE FL 32244

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: CALVIN PRYOR

C.E.O

01/23/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date