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.

OWNER

SIGNATURE: TRACY H THOMAS

Electronic Signature of Signing Authorized Person(s) Detail

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

THOMAS, TRACY H 20 CORNELIA STREET FREEPORT, FL 32439 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	TRACY H THOMAS	MAS		08/25/2022	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGR	Title	MGR		
Name	THOMAS, TRACY H	Name	THOMAS, GINA R		
Address	20 CORNELIA STREET	Address	20 CORNELIA STREET		
City-State-Zip:	FREEPORT FL 32439	City-State-Zip:	FREEPORT FL 32439		

# DOCUMENT# L19000105003

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: THOMAS HANDYMAN SOLUTIONS LLC

### **Current Principal Place of Business:**

20 CORNELIA STREET FREEPORT, FL 32439

### **Current Mailing Address:**

**20 CORNELIA STREET** FREEPORT. FL 32439 US

## FEI Number: 83-4548451

Certificate of Status Desired: No

FILED Aug 25, 2022 Secretary of State 2093735377CC

> 08/25/2022 Date