

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000142722

Entity Name: BLESSED HANDS HANDYMAN SERVICES LLC**Current Principal Place of Business:**7921 FLOWER AVE
TAMPA, FL 33619**Current Mailing Address:**7921 FLOWER AVE
TAMPA, FL 33619 US**FEI Number:** 85-2656986**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BURR, SHARMAINE
7921 FLOWER AVE
TAMPA, FL 33619 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	AP/MGR
Name	BURR, TRACY
Address	2405 NIGHTHAWK LANDING CT
City-State-Zip:	RUSKIN FL 33570

Title	AP/MGR
Name	BURR, SHARMAINE
Address	2405 NIGHTHAWK LANDING CT
City-State-Zip:	RUSKIN FL 33570

Title	AMBR
Name	BURR, AALIYAH
Address	7921 FLOWER AVE
City-State-Zip:	TAMPA FL 33619

Title	AMBR
Name	BURR, SHAKIRA
Address	7921 FLOWER AVE
City-State-Zip:	TAMPA FL 33619

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: SHARMAINE BURR**MGR****04/29/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date