

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000215870

**Entity Name:** FA HANDYWORK SOLUTIONS LLC

**Current Principal Place of Business:**

9679 AVELLINO AVE  
APT 5209  
ORLANDO, FL 32819

**Current Mailing Address:**

9679 AVELLINO AVE  
APT 5209  
ORLANDO, FL 32819 US

**FEI Number:** 86-3992511

**Certificate of Status Desired:** No

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

ARIZA CORTES, FERNANDO  
9679 AVELLINO AVE  
APT 5209  
ORLANDO, FL 32819 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            ARIZA CORTES, FERNANDO  
Address        9679 AVELLINO AVE, APT 5209  
City-State-Zip: ORLANDO FL 32819

Title            AMBR  
Name            MORENO LEAL, ADRIANA  
Address        9679 AVELLINO AVE, APT 5209  
City-State-Zip: ORLANDO FL 32819

*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:** ADRIANA MORENO LEAL

AMBR

04/30/2022

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

\_\_\_\_\_  
Date