

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000119158

**Entity Name:** SAINT ANGEL HANDYMAN LLC

**Current Principal Place of Business:**

1400 LAKE SHADOW CIRCLE  
10204  
MAITLAND, FL 32751

**FILED**  
**Apr 27, 2024**  
**Secretary of State**  
**9840445173CC**

**Current Mailing Address:**

1400 LAKE SHADOW CIRCLE  
10204  
MAITLAND, FL 32751 US

**FEI Number: 88-1803980**

**Certificate of Status Desired: No**

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

OSORIO DUQUE, ISLENY  
1400 LAKE SHADOW CIRCLE  
10204  
MAITLAND, FL 32751 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            OSORIO DUQUE, ISLENY  
Address        1400 LAKE SHADOW CIRCLE  
                  10204  
City-State-Zip: MAITLAND FL 32751

*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: OSORIO DUQUE , ISLENY**

**AMBR**

**04/27/2024**

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

\_\_\_\_\_  
Date