I hereby certify that the information indicated on this report or supplemental report is true and ac	curate and that my electronic signature shall have the	e 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 <sup>,</sup> GINA MAMAZZA	MGR	01/27/2023		

SIGNATURE: GINA MAMAZZA

Electronic Signature of Signing Authorized Person(s) Detail

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

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	MAMAZZA, GINA M	Name	MAMAZZA, RYAN D
Address	3739 BAHAMA ROAD	Address	3739 BAHAMA ROAD
City-State-Zip:	PALM BEACH GARDENS FL 34410	City-State-Zip:	PALM BEACH GARDENS FL 33410

## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L22000239414

Entity Name: MAMAZZA HANDYMAN SERVICES LLC

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

3739 BAHAMA ROAD PALM BEACH GARDENS, FL 33410

## **Current Mailing Address:**

3739 BAHAMA ROAD PALM BEACH GARDENS. FL 33410 UN

## FEI Number: 88-2912192

# Name and Address of Current Registered Agent:

MAMAZZA, GINA 3739 BAHAMA ROAD PALM BEACH GARDENS, FL 33410 US

FILED Jan 27, 2023 Secretary of State 5274898220CC

Date

Certificate of Status Desired: No

Date