2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2025
Secretary of State
8315026620CC

DOCUMENT# L22000342929

Entity Name: TIFFANY'S HANDYMAN SERVICES LLC

Current Principal Place of Business:

1726 HILLTOP BLVD
JACKSONVILLE, FL 32246

Current Mailing Address:

3258 EL MORRO DR EAST
JACKSONVILLE, FL 32277

FEI Number: 88-3704948

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEWELL, STEPHEN M
3258 EL MORRO DR EAST
3258
JACKSONVILLE, FL 32277 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	MGR
Name	NEWELL, STEPHEN M
Address	3258 EL MORRO DR EAST
City-State-Zip:	JACKSONVILLE FL 32277

Title	AMBR
Name	TRESSLER, JASON N
Address	1042 COVE LANDING DR
City-State-Zip:	ATLANTIC BEACH FL 32233

Title	AMBR
Name	ARMSTRONG, JOSHUA
Address	8386 103RD ST LOT #29
City-State-Zip:	JACKSONVILLE FL 32210

Title	AUTHORIZED MEMBER
Name	GEROW, MICHAEL CHARLES
Address	5514 KEYSTONE DR N
City-State-Zip:	JACKSONVILLE FL 32207

Title	MANAGER
Name	TORRIBLE , JASON P
Address	1726 HILLTOP BOULEVARD
City-State-Zip:	JACKSONVILLE FL 32246

Title	AMBR
Name	REDDEN, ROBERT
Address	148 ARUBA LANE
City-State-Zip:	PONTE VEDRA BEACH FL 32081

Title	AMBR
Name	SMITH, MICHAEL
Address	8344 OLDEN AVE
City-State-Zip:	JACKSONVILLE FL 32216

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: STEPHEN NEWELL MANAGER 03/05/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date