

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000342929

Entity Name: TIFFANY'S HANDYMAN SERVICES LLC**Current Principal Place of Business:**1726 HILLTOP BLVD
JACKSONVILLE, FL 32246**Current Mailing Address:**1726 HILLTOP BLVD
JACKSONVILLE, FL 32246 US**FEI Number:** NOT APPLICABLE**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	MGR
Name	TORRIBLE, TIFFANY A
Address	1726 HILLTOP BLVD
City-State-Zip:	JACKSONVILLE FL 32246

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

Title	AUTHORIZED MEMBER
Name	SMITH, MICHAEL K
Address	3258 EL MORRO DRIVE EAST
City-State-Zip:	JACKSONVILLE FL 32277

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: TORRIBLE, TIFFANY A**MANAGER****02/21/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date