

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000406316

**Entity Name:** REQUEST RECEIVED HANDYMAN LLC

**Current Principal Place of Business:**

6322 SAINT ANDREWS CIR S  
FORT MYERS, FL 33919

**Current Mailing Address:**

6322 SAINT ANDREWS CIR S  
FORT MYERS, FL 33919 US

**FEI Number:** 92-0392578

**Certificate of Status Desired:** No

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

WEAVER, ELI  
6322 SAINT ANDREWS CIR S  
FORT MYERS, FL 33919 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 WEAVER, ELI  
Address 6322 SAINT ANDREWS CIR S  
City-State-Zip: FORT MYERS FL 33919

Title AMBR  
Name FURST, CASSANDRA  
Address 6322 SAINT ANDREWS CIR S  
City-State-Zip: FORT MYERS FL 33919

*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:** ELI WEAVER

**MEMBER**

**04/18/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date