

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000256831

**FILED**  
**Mar 25, 2024**  
**Secretary of State**  
**0471718759CC**

**Entity Name:** ALL HANDS HOME IMPROVEMENTS LLC

**Current Principal Place of Business:**

3212 DALEHURST DRIVE WEST  
JACKSONVILLE, FL 32277

**Current Mailing Address:**

3212 DALEHURST DRIVE WEST  
JACKSONVILLE, FL 32277 US

**FEI Number:** 93-1577298

**Certificate of Status Desired:** No

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

ZENBUSINESS INC.  
336 E. COLLEGE AVE.  
SUITE 301  
TALLAHASSEE, FL 32301 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	Title	AUTHORIZED MEMBER
Name	CLARDY, ANTONIO V JR	Name	STEPHENSON, JACOB MIKEL
Address	3212 DALEHURST DRIVE WEST	Address	15889 LEXINGTON PARK BLVD
City-State-Zip:	JACKSONVILLE FL 32277	City-State-Zip:	JACKSONVILLE FL 32218

*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:** ANTONIO VAN DWOINE CLARDY JR

**MEMBER**

**03/25/2024**

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

\_\_\_\_\_  
Date