


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90080 003 ****50.00

DOCUMENT # L04000014780					
1. Entity Name ALTER FAMILY FENCE, LLC					
Principal Place of Business 6276 OLD BETHEL RD. CRESTVIEW, FL 32536			Mailing Address 6276 OLD BETHEL RD. CRESTVIEW, FL 32536		
2. Principal Place of Business - No P.O. Box # 5400 Stallion Drive		3. Mailing Address 5400 Stallion Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Crestview, FL		City & State Crestview, FL		4. FEI Number 52-2440701	
Zip 32539		Country		Applied For Not Applicable	
Zip 32539		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALTER, RON 6276 OLD BETHEL RD. CRESTVIEW, FL 32536			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALTER, RON 6276 OLD BETHEL RD. CRESTVIEW, FL 32536	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5400 Stallion Drive Crestview, FL 32539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALTER, DANIAL 6276 OLD BETHEL RD. CRESTVIEW, FL 32536	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5400 Stallion Drive Crestview, FL 32539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					