2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT #L06000077771 03-22-2007 90175 039 ****55.00 1. Entity Name ALL-STATE FENCE LLC Principal Place of Business Mailing Address רַטטיי 1724 N. RONALD REAGAN BLVD. 1724 N. RONALD REAGAN BLVD. LONGWOOD, FL 32750 LONGWOOD, FL 32750 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02182007 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For -City & State City & State 56-2604310 Not Applicable Country \$5.00 Additional Zio Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STROP, WILLIAM CHAD Street Address (P.O. Box Number is Not Acceptable) 1724 N. RONALD REAGAN BLVD. LONGWOOD, FL 32750 City 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 Signeture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. OWICK MANAGER Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STrop, WilliAM CHAD STREET ADDRESS 1724 M. ROMMO REAGAS BUD WAGUSE FI. 32750 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. TITLE__ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this tiling 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 try 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 employee to execute this report as required by Chapter 608, Florida Statutes. 3/20/07 William ettas SIGNATURE: OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 22, 2007 8:00 am