

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000107818

1. Entity Name
PICKET FENCE HOLDINGS, LLC



Principal Place of Business
500 SOUTH DIXIE HIGHWAY SUITE 301
CORAL GABLES, FL 33146

Mailing Address
500 SOUTH DIXIE HIGHWAY SUITE 301
CORAL GABLES, FL 33146

FILED

08 APR 21 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01252008No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
20-5856077

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORRE, VENANCIO
500 SOUTH DIXIE HIGHWAY SUITE 301
CORAL GABLES, FL 33146

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TORRE HOLDINGS, LLC
STREET ADDRESS	4320 SANTA MARIA ST
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	MGR
NAME	RONNY, KOEH
STREET ADDRESS	500 SOUTH DIXIE HWY SUITE 301
CITY-ST-ZIP	CORAL GABLES, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100125267441
04/23/08--01016--011 **38.75

02/15/07-90274-048-\$100.00

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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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #