FILED
May 13, 2004 8:00 am
Secretary of State

04-19-2004 90024 022 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000013109

1. Entity Name
INVISIBLE FENCE OF TAMPA/ST. PETE, L.L.C.

Principal Place of Business	Mailing Address
2724 LONG BOAT DRIVE FERNANDINA BEACH, FL 32034	2724 LONG BOAT DRIVE FERNANDINA BEACH, FL 32034

34006028

04122004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
8535 GUNN HWY	8535 GUNN Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ODESSA FL	City & State: ODESSA FL
Zip: 33556 Country: USA	Zip: 33556 Country: USA

4. FEI Number: 01-0777894 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GIBBS, MICHAEL L
2724 LONG BOAT DRIVE
FERNANDINA BEACH, FL 32034

7. Name and Address of New Registered Agent

Name: GIBBS, MICHAEL L
Street Address (P.O. Box Number is Not Acceptable): 8535 GUNN Hwy
City: ODESSA FL Zip Code: 33556

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: x Michael L Gibbs - President 4-12-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael L Gibbs 8535 Gunn Hwy Odessa FL 33556 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL L GIBBS 8535 GUNN HWY ODESSA, FL 33556 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: x Michael L Gibbs 4-12-04 813-920-0966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #