

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014672

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: WAGGENER BROTHERS FENCE, L.L.C.

**Current Principal Place of Business:**

1015 NE 8TH AVENUE  
OCALA, FL 34470

**New Principal Place of Business:**

11510 SW 110TH AVE  
DUNNELLON, FL 34432

**Current Mailing Address:**

1015 NE 8TH AVENUE  
OCALA, FL 34470

**New Mailing Address:**

11510 SW 110TH AVE  
DUNNELLON, FL 34432

FEI Number: 56-2354149

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WAGGENER, WILLIAM W  
1015 NE 8TH AVENUE  
OCALA, FL 34470 US

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

WAGGENER, WILLIAM W  
11510 SW 110TH AVE  
DUNNELLON, FL 34432 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:

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WAGGENER, WILLIAM W  
Address: 1015 NE 8TH AVENUE  
City-St-Zip: OCALA, FL 34470

Title: MGR (X) Delete  
Name: WAGGENER, VANCE  
Address: 1015 NE 8TH AVENUE  
City-St-Zip: OCALA, FL 34470 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WAGGENER, WILLIAM W  
Address: 11510 SW 110TH AVE  
City-St-Zip: DUNNELL, FL 34432

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: WILLIAM W. WAGGENER

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date