

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (ART-1)


FILED
Mar 11, 2005 8:00 am
Secretary of State

02-04-2005 90101 012 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000017588					
1. Entity Name GARY AURICCHIO FENCE CO., L.L.C.					
Principal Place of Business 338 SAGEWOOD DR. PORT ORANGE FL 32127			Mailing Address 338 SAGEWOOD DR. PORT ORANGE FL 32127		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 32-0110467	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AURICCHIO, GARY 338 SAGEWOOD DR. PORT ORANGE FL 32127			7. Name and Address of New Registered Agent		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS					
TITLE	NAME		STREET ADDRESS		
	GARY AURICCHIO		338 SAGEWOOD DR.		
	PORT ORANGE, FL 32127				
	<input type="checkbox"/> Delete				
TITLE	NAME		STREET ADDRESS		
	<input type="checkbox"/> Delete				
TITLE	NAME		STREET ADDRESS		
	<input type="checkbox"/> Delete				
TITLE	NAME		STREET ADDRESS		
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TITLE	NAME		STREET ADDRESS		
	<input type="checkbox"/> Delete				
TITLE	NAME		STREET ADDRESS		
	<input type="checkbox"/> Delete				
10. ADDITIONS / CHANGES					
TITLE	NAME		STREET ADDRESS		
	<input type="checkbox"/> Change		<input type="checkbox"/> Addition		
TITLE	NAME		STREET ADDRESS		
	<input type="checkbox"/> Change		<input type="checkbox"/> Addition		
TITLE	NAME		STREET ADDRESS		
	<input type="checkbox"/> Change		<input type="checkbox"/> Addition		
TITLE	NAME		STREET ADDRESS		
	<input type="checkbox"/> Change		<input type="checkbox"/> Addition		
TITLE	NAME		STREET ADDRESS		
	<input type="checkbox"/> Change		<input type="checkbox"/> 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: <i>Gary Auricchio</i>				1/31/05 386-767-8896	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	