

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90155 046 ****50.00

DOCUMENT # L04000025242

1. Entity Name

ACE FENCE CO, LLC



Principal Place of Business

6007 N ARMENIA AVE
TAMPA FL 33604
US

Mailing Address

6007 N ARMENIA AVE
TAMPA FL 33604
US

2. Principal Place of Business - No P.O. Box #

SAME

3. Mailing Address

6007 N ARMENIA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

4. FEI Number

14-2201706

Applied For

Not Applicable

Zip

Country

Zip

Country

33604

Florida

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ECENIA, WALLACE
6007 N ARMENIA AVE
TAMPA FL 33604

7. Name and Address of New Registered Agent

Name WALLACE ECENIA

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

Wallace Ecenia

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

(NOTE: Registered Agent signature required when reinstating)

(DA)

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR OWNER
NAME ECENIA, WALLACE
STREET ADDRESS 6007 N ARMENIA AVE
CITY- ST- ZIP TAMPA FL 33604

TITLE
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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Wallace Ecenia

WALLACE ECENIA 813 879 4375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #