2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/12/2005-90121-002-$50.00-$50.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 10 AM 9:42

DOCUMENT # L04000035052

1. Entity Name
NEW WAVE FENCE, LLC

Principal Place of Business	Mailing Address
226 SAN GABRIELLE WINTER SPRINGS FL 32708 US	226 SAN GABRIELLE WINTER SPRINGS FL 32708 US

2nd MOORE CR2E083 (5/05)

2. Principal Place of Business	3. Mailing Address
226 SAN GABRIEL ST Suite, Apt. #, etc.	226 SAN GABRIEL ST. Suite, Apt. #, etc.
City & State: WINTER SPRINGS, FL	City & State: WINTER SPRINGS, FL
Zip: 32708 Country: US	Zip: 32708 Country: US

4. FEI Number: 20-1107552 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENRY, WAVERLEY M 226 ~~SAN GABRIELLE~~ 226 SAN GABRIEL ST WINTER SPRINGS FL 32708	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: Waverley M. Henry 9-4-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 7, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HENRY, WAVERLEY M 226 SAN GABRIELLE WINTER SPRINGS FL 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HENRY, WAVERLEY M. 226 SAN GABRIEL ST. WINTER SPRINGS, FL 32708	☐ 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	REINSTATEMENT 2005	☐ 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: Waverley M. Henry 9-4-05 321-303-2139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #