

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000038805

1. Entity Name
GLEN PILCHER FENCING, LLC



FILED
Mar 27, 2006 08:00 AM
Secretary of State

Principal Place of Business
**17262 SW 31ST STREET
DUNNELLON, FL 34432 US**

Mailing Address
**17262 SW 31ST STREET
DUNNELLON, FL 34432 US**



03212006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
34-1995744

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PILCHER, GLEN P
17262 SW 31ST STREET
DUNNELLON, FL 34432**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PILCHER, GLEN P
STREET ADDRESS	17262 SW 31ST STREET
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000482426
04/11/06 80074-013 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Glen P. Pilcher* **Glen P. Pilcher**

3-22-06

(352) 817-5859

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

Date

Daytime Phone #