

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90022 035 ****50.00

DOCUMENT # L04000040537

1. Entity Name

SUNSHINE FENCE AND IRRIGATION LLC



Principal Place of Business

4800 NW 33 TERRACE
GAINESVILLE FL 32605

Mailing Address

4800 NW 33 TERRACE
GAINESVILLE FL 32605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

74-3123245

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

SCHWARTZ, LYNN
4800 NW 33 TERRACE
GAINESVILLE FL 32605

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

Lynn Schwartz
Signature, typed or printed name of registered agent and date of signature

Lynn Schwartz
(NOT Registered Agent Signature required when reinstating)

4/8/06
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SCHWARTZ, DAVID
STREET ADDRESS 4800 NW 33 TERRACE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE MGR ☐ Change ☒ Addition
NAME *Schwartz, Jesse*
STREET ADDRESS *4800 NW 33 TER*
CITY-ST-ZIP *Gainesville, FL 32605*

TITLE MGR ☐ Delete
NAME SCHWARTZ, LYNN
STREET ADDRESS 4800 NW 33 TERRACE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE MGR ☐ Change ☒ Addition
NAME *Schwartz, Aaron*
STREET ADDRESS *4800 NW 33 TER*
CITY-ST-ZIP *Gainesville, FL 32605*

TITLE MGR ☐ Delete
NAME SCHWARTZ, THOMAS R
STREET ADDRESS 4800 NW 33 TERRACE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☒ Delete
NAME SCHWARTZ, HEIDI
STREET ADDRESS 4800 NW 33 TERRACE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: *Lynn Schwartz* *Lynn Schwartz* *4/8/06* *352*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # *375-6067*