

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2007 08:00 A
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

74-3123245

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, LYNN
4800 NW 33 TERRACE
GAINESVILLE FL 32605

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

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 May 1, 2007

9. MANAGING MEMBERS/MANAGERS

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

TITLE MGRM ☐ Delete
NAME SCHWARTZ, JESSE
STREET ADDRESS 4800 NW 33RD TERRACE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE MGRM ☐ Delete
NAME SCHWARTZ, AARON
STREET ADDRESS 4800 NW 33RD TERRACE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME U00000756571
STREET ADDRESS 05/23/07-80036-009 50.00
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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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:

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

Date

Daytime Phone #

4/28/07 352
375-6067