

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90029 011 ***138.75

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 #

5345W Bobcat Dr.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5171
Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/07)

City & State

Ft. White, Florida

City & State

Gainesville, Florida

4. FEI Number

74-3123245

Applied For

Not Applicable

Zip

32038

Country

Columbia

Zip

32627

Country

Alachua

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: LYNN Schwartz

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

SIGNATURE: Lynn Schwartz

(NOTE: Registered Agent signature required when resigning)

4/15/08

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

4/15/08 352
665-8531

Date

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