2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
03-23-2006 90273 037 ****50.00

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02242006 Chg-LLC CR2E083 (11/05)

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1. Entity Name
TRI-COUNTY TRACTOR & FENCING SERVICE LLC

Principal Place of Business	Mailing Address
6323 BOXWOOD AVE BROOKSVILLE, FL 34602	6323 BOXWOOD AVE BROOKSVILLE, FL 34602

2. Principal Place of Business		3. Mailing Address	
25222 ASH ST		25222 ASH ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: BROOKSVILLE		City & State: BROOKSVILLE	
Zip: 34601	Country: USA	Zip: 34601	Country: USA

4. FEI Number: 20-0706407 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POE, JEREMY L
6323 BOXWOOD AVE
BROOKSVILLE, FL 34602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
25222 ASH ST

City BROOKSVILLE FL Zip Code 34601

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POE, JEREMY L 6323 BOXWOOD AVE BROOKSVILLE, FL 34602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 25222 ASH ST BROOKSVILLE FL 34601	☑ 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 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: x [signature] 3-11-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #