

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90207 001 ****50.00

DOCUMENT # L04000066388

1. Entity Name

BINK'S LINK FENCE, LLC



Principal Place of Business

9 PECAN RADIAL
OCALA FL 34472
US

Mailing Address

9 PECAN RADIAL
OCALA FL 34472
US



2. Principal Place of Business

P.O. Box 592
Suite, Apt. #, etc.
SPARR 71 32192
City & State

3. Mailing Address

P.O. Box 592
Suite, Apt. #, etc.
SPARR 71
City & State

1st MOORE

CR2E083 (10/05)

Zip

Country

Manion

Zip

Country

Manion

4. FEI Number

90-0197135

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CECIL DANA D
9 PECAN RADIAL
OCALA FL 34472

7. Name and Address of New Registered Agent

Name CECIL DANA D.

Street Address (P.O. Box Number is Not Acceptable)
1814 N.E. 129 PL

P.O. Box 592

City SPARR

FL

Zip Code

32192

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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME CECIL, DANA D
STREET ADDRESS 9 PECAN RADIAL
CITY-ST-ZIP Ocala FL 34472

TITLE MGRM ☐ Delete
NAME CECIL, TRAVIS B
STREET ADDRESS 9 PECAN RADIAL
CITY-ST-ZIP Ocala FL 34472

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME 1814 N.E. 129 PL.
STREET ADDRESS P.O. Box 592
CITY-ST-ZIP SPARR 71 32192

TITLE ☒ Change ☐ Addition
NAME 1814 N.E. 129 PL.
STREET ADDRESS P.O. Box 592
CITY-ST-ZIP SPARR 71 32192

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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 #