

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90296 028 ****55.00

DOCUMENT # L04000066635

1. Entity Name
BEST FENCE, LLC



Principal Place of Business
754 RIDGE ROAD
EASTPOINT, FL 32328

Mailing Address
P.O. BOX 835
APALACHICOLA, FL 32329

2. Principal Place of Business
1383 NW Flint Rd
Suite, Apt. #, etc.

3. Mailing Address
same
Suite, Apt. #, etc.



01162006 Chg-LLC CR2E083 (11/05)

City & State
Bristol, Florida

City & State

4. FEI Number
83-0407567

Applied For
Not Applicable

Zip
32321-4317

Country
USA

Zip

Country

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

SIMPSON, VERNON
754 RIDGE ROAD
EASTPOINT, FL 32328

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

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME SIMPSON, AIMEE
STREET ADDRESS PO BOX 835
CITY-ST-ZIP APALACHICOLA, FL 32320

TITLE MGR ☐ Delete
NAME SIMPSON, VERNON WAYNE
STREET ADDRESS P.O. BOX 835
CITY-ST-ZIP APALACHICOLA, FL 32329

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
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 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:

Vernon Simpson

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

3/7/06

Date

850-879-0285

Daytime Phone #