

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077517

Entity Name: PARADISE FENCES, LLC

FILED
Jul 09, 2008
Secretary of State

Current Principal Place of Business:

8245 NW 36 STREET #8
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8245 NW 36 STREET #8
MIAMI, FL 33166

New Mailing Address:

FEI Number: 06-1748737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TRUJILLO, EDWARD F SR
8245 NW 36 STREET #8
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TRUJILLO SR., EDWARD F SR
Address: 8245 N.W. 36 STREET
City-St-Zip: MIAMI, FL 33166

Title: MGR () Delete
Name: TRUJILLO, EDWARD F JR
Address: 8245 N.W. 36 STREET
City-St-Zip: MIAMI, FL 33166

Title: MGR () Delete
Name: TRUJILLO, ANDREW D
Address: 8245 N.W. 36 STREET
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDWARD F. TRUJILLO SR.

MGR.

07/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date