

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90192 025 ****55.00

DOCUMENT # L05000007558

1. Entity Name

BIG T'S CUSTOM FENCE & HOME REPAIR, LLC



Principal Place of Business

**1225 HOWARD RD
JACKSONVILLE, FL 32218**

Mailing Address

**1225 HOWARD RD
JACKSONVILLE, FL 32218**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282006

• Chg-LLC

CR2E083 (11/05)

4. FEI Number

42-1656098

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TESTON, ELLA JEAN
1225 HOWARD RD
JACKSONVILLE, FL 32218**

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

ELLA J. TESTON, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

03-28-06

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **DUBOIS, TIMOTHY**
STREET ADDRESS **1031 CYPRESS CT LANDING**
CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE **MGRM** ☒ Delete
NAME **DOBBINS, ANTHONY R**
STREET ADDRESS **5131 KEN RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **MGRM** ☐ Delete
NAME **TESTON, ELLA J**
STREET ADDRESS **1225 HOWARD RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32218**

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

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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:

ELLA J. TESTON, PRESIDENT

03-28-06

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

Date

Daytime Phone #