

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076069

FILED  
May 02, 2006  
Secretary of State

**Entity Name:** CARL'S FENCING OF DAYTONA, LLC

**Current Principal Place of Business:**

15 LAUREL RIDGE BREAK  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

3629 W. INTERNATIONAL SPEEDWAY BLVD.  
DAYTONA BEACH, FL 32124

**Current Mailing Address:**

15 LAUREL RIDGE BREAK  
ORMOND BEACH, FL 32174

**New Mailing Address:**

3629 W. INTERNATIONAL SPEEDWAY BLVD.  
DAYTONA BEACH, FL 32124

FEI Number: 20-3248409      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:**

**Name and Address of New Registered Agent:**

SAMMARO, SALVATORE  
15 LAUREL RIDGE BREAK  
ORMOND BEACH, FL 32174      US

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: SAMMARO, SALVATORE  
Address: 15 LAUREL RIDGE BREAK  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR      (X) Delete  
Name: DEL PIZZO, CARLO SR.  
Address: 1579 RT. 9  
City-St-Zip: TOMS RIVER, NJ 08775

**ADDITIONS/CHANGES:**

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 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: SALVATORE SAMMARO

MGR

05/02/2006

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