

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000082955

**FILED**  
**Oct 26, 2008**  
**Secretary of State**

**Entity Name:** CARLISLE FENCE ENTERPRISES LLC

**Current Principal Place of Business:**

2170 SW 40TH AVE  
BELL, FL 32619 US

**New Principal Place of Business:**

**Current Mailing Address:**

2170 SW 40TH AVE  
BELL, FL 32619 US

**New Mailing Address:**

**FEI Number:** 26-0125577

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARLISLE, HERMAN  
2170 SW 40TH AVE  
BELL, FL 32619 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:** HERMAN CARLISLE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CARLISLE, DEANA  
Address: 2170 SW 40TH AVE  
City-St-Zip: BELL, FL 32619 US

Title: MGRM ( ) Delete  
Name: CARLISLE, HERMAN  
Address: 2170 SW 40TH AVE  
City-St-Zip: BELL, FL 32619 US

Title: MGRM ( ) Delete  
Name: CARLISLE, CARL  
Address: 2170 SW 40TH AVE  
City-St-Zip: BELL, FL 32619

**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:** HERMAN CARLISLE

MGRM

10/26/2008

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