

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113814

FILED
Feb 25, 2006
Secretary of State

Entity Name: GET IT DONE FENCING & OUTDOOR SERVICES, LLC

Current Principal Place of Business:

8927 HYPOLUXO ROAD
A5
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

8927 HYPOLUXO ROAD
A5
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-3871946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAFFER, HENRY
8927 HYPOLUXO ROAD
A5
LAKE WORTH, FL 33467 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: D () Delete
Name: URBANO, JOSEPH
Address: 8241 N.W. 54 COURT
City-St-Zip: LAUDERHILL, FL 33351

Title: D () Delete
Name: BLESSING, THOMAS
Address: 8230 N.W. 54 COURT
City-St-Zip: LAUDERHILL, FL 33351

Title: D (X) Delete
Name: MCVEIGH, CHARLES
Address: 8251 N.W. 54 COURT
City-St-Zip: LAUDERHILL, FL 33351

ADDITIONS/CHANGES:

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

Title: D (X) Change () Addition
Name: MCVEIGH, CHARLES
Address: 8251 N.W. 54 COURT
City-St-Zip: LAUDERHILL, FL 33351

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: JOSEPH URBANO

D

02/25/2006

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