

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 9:59

DOCUMENT # L05000115554

L05000115554

1. Entity Name

D & J FENCE L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

120 W 36 STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HIALEAH, FL

City & State

4. FEI Number

20-3872090

Applied For

(Not Applicable)

Zip

33012

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

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IN THIS SPACE

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.

U00000407335

03/23/06-80047-004 50, 10

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

MGR

JOSE M MENA

120 W 36 STREET

HIALEAH FL 33012

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

MGR

DANIEL RODRIGUEZ

120 W 36 STREET

HIALEAH FL 33012

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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:

MGR

786 470 4930

03/20/06

Signature and typed or printed name of registered agent and title if applicable.

Date

Daytime Phone #