


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90034 013 ***138.75

DOCUMENT # L05000118259	
1. Entity Name HUDSON FENCE LLC	

Principal Place of Business 4903 25TH STREET EAST BRADENTON, FL 34203	Mailing Address 4903 25TH STREET EAST BRADENTON, FL 34203
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60038988



2. Principal Place of Business - No P.O. Box # 811 Manatee Ave	3. Mailing Address 811 Manatee Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04292008 Chg-LLC CR2E083 (12/06)

City & State Ellenton FL	City & State Ellenton FL
Zip 34222	Zip 34222
Country USA	Country USA

4. FEI Number 20-3919438	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HUDSON, BOBBY 4903 25TH STREET EAST BRADENTON, FL 34203	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
811 Manatee Ave	
City Ellenton	FL Zip Code 34222

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUDSON, BOBBY R 4903 25TH STREET EAST BRADENTON, FL 34203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	811 Manatee Ave Ellenton, FL 34222 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Bobby Ray Hudson</i> Bobby Ray Hudson 4-29-08 941-812-1233	Signature and Typed or Printed Name of Signing Managing Member, Manager, or Authorized Representative	Date	Daytime Phone #
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