

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118873

FILED
Jun 18, 2009
Secretary of State

Entity Name: TORRES FENCING OF S. FL LLC

Current Principal Place of Business:

7207 NW 79 TR.
MEDLEY, FL 33166 US

New Principal Place of Business:

20560 NW 30 AVE
OPALOCKA, FL 33056 US

Current Mailing Address:

20560 NW 30TH AVE.
OPALOCKA, FL 33056

New Mailing Address:

20560 NW 30 AVE
OPALOCKA, FL 33056 US

FEI Number: 20-3930688 **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:

TORRES, LIZBETH
20560 NW 30TH AVENUE
OPALOCKA, FL 33056 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: MGR () Delete
Name: TORRES, LIZBETH
Address: 20560 NW 30TH AVENUE
City-St-Zip: OPALOCKA, FL 33056 US

Title: MGR (X) Delete
Name: TORRES, OSVALDO III
Address: 20560 NW 30TH AVENUE
City-St-Zip: OPALOCKA, FL 33056 US

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 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: LIZBETH TORRES

MGR

06/18/2009

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