# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Oct 08, 2007**
**Secretary of State**

DOCUMENT# L05000121449

**Entity Name:** TRI COUNTY FENCING, LLC

**Current Principal Place of Business:**

1110 TRINIDAD AVENUE
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

1110 TRINIDAD AVENUE
FORT PIERCE, FL 34982

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **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:**

CHAPMAN, WILLIAM E
1110 TRINIDAD AVENUE
FORT PIERCE, FL 34982 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: MICHAEL FAUROT
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: VPSC ( ) Delete
Name: FAUROT, MICHAEL G
Address: 8205 WINTERGARDEN PKWY
City-St-Zip: FORT PIERCE, FL 34951

Title: PRES ( ) Delete
Name: CHAPMAN, WILLIAM E
Address: 1110 TRINIDAD AVENUE
City-St-Zip: FORT PIERCE, FL 34982

**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: MICHAEL FAUROT MNGR 10/08/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date