

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000786

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: AMERICO FENCE LLC

**Current Principal Place of Business:**

248 BAY ST.  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

**Current Mailing Address:**

248 BAY ST.  
CASSELBERRY, FL 32707 US

**New Mailing Address:**

FEI Number: 20-4165680

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASTRO, DAVID  
1100 CASTLEWOOD TERRACE  
APT 212  
CASSELBERRY, FL 32707 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: MGRM ( ) Delete  
Name: CASTRO, DAVID  
Address: 1100 CASTLEWOOD TERRACE APT 212  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGRM ( ) Delete  
Name: RAMIREZ-CASTRO, LILLIANA  
Address: 1100 CASTLEWOOD TERRACE APT 212  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGRM (X) Delete  
Name: RAMIREZ, BETTY  
Address: 713 EAGLE AVENUE  
City-St-Zip: BRONX, NY 10455 US

**ADDITIONS/CHANGES:**

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

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: DAVID CASTRO

MGRM

04/29/2007

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