2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 01, 2007 8:00 am Secretary of State **DOCUMENT # L06000036311** 04-13-2007 90034 040 ****50.00 1. Entity Name DOUBLE D FENCING AND MORE,LLC Principal Place of Business Mailing Address 1107 C.R. 20A 1107 C.R. 20A HAWTHORNE, FL 32640 HAWTHORNE, FL 32640 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 204646874 Not Applicable Ziα Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required - G. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIXON, FREDDIE L Street Address (P.O. Box Number is Not Acceptable) 1107 C.R. 20A HAWTHORNE, FL 32640 Zip Code B. 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 SIGNATURE Spread or printed name of registered agent and title if applicable. (NQTE: Registered Agant signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MGRM TITLE TITLE ☐ Change ■ Addition DIXON, FREDDIE L NAME NAME 1107 C.R. 20A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HAWTHORNE, FL 32640 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NALE STREET ADDRESS STREET ADDRESS CITY-57-78 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CHTY-ST-ZIP CITY ST. ZIP TITLE Ociete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Oelene TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- DP CITY-ST-ZIP ☐ Change TITLE ☐ Delete title Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. A CARA DE AUTHORIZED REPRESENTATIVE

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