

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90018 048 \*\*\*138.75

**DOCUMENT # L06000052242**

1. Entity Name  
**LAWN D'FENCE, LLC**



Principal Place of Business  
**1029 S. NOVA ROAD  
UNIT G  
ORMOND BEACH, FL 32174 US**

Mailing Address  
**1029 S. NOVA ROAD  
UNIT G  
ORMOND BEACH, FL 32174 US**

**60028077**



01162008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4907665**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

~~FRIEBIS, DANIEL S~~  
~~3090 TURTLE CREEK DRIVE~~  
~~SUITE B~~  
~~PORT ORANGE, FL 32117~~

Arthur T. Bell  
5430 Ward Lake Dr.  
Port Orange, FL 32128

**DO NOT WRITE  
IN THIS SPACE**

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 Arthur T. Bell ARTHUR T. BELL

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/11/08  
DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MILLER, JOHN W  
1349 BEACON DRIVE  
DAYTONA BEACH, FL 32117

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BELL, ARTHUR T  
5430 WARD LAKE DRIVE  
PORT ORANGE, FL 32128

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: Arthur T. Bell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/11/08  
Date

Daytime Phone #

**ARTHUR T. BELL**