2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2007 8:00 am Secretary of State

DOCUMENT # L06000080578 1. Entity Name A-1 LAND & FENCE WORKS, LLC							04-25-2007	90043 03	31 ****5	0.00
Principal Place	e of Busines	s	Mailing Address				100			
105 LONE OAK TRAIL			105 LONE OAK TRAIL			·	•			
PALATKA, FL 32177			PALATKA, FL 32177							
			,							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01162007	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State		4. FEI Numb	°-53836	П	_ 	plied For t Applicable		
Zip	Zip Country		Zip	Zip Country		5. Certificate	of Status Desired		5.00 Add ee Required	
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New Re	gistered A	gent	
MILIZEC I	IACKI			Name						
WILKES, JACK L 105 LONE OAK TRAIL PALATKA, FL 32177			Street Address		ss (P.O. Box Numb	(P.O. Box Number is Not Acceptable)				
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					City			FL	Zip Code	3
	named entitions of regis		r the purpose of changing it	s register	ed office or regis	stered agent, or bo	oth, in the State of Flor	rida. I am fa	miliar with,	and accept
SIGNAȚURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature requ	uired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007										
Fi	iling Fee ue by Ma	is \$50.00 y 1, 2007						check pa Departme	-	•
Fi	ue by Ma	is \$50.00 y 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.				Departme	-	3
9.	MGRM	y 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.	E		Florida	Departme CHANGES	-	■ Addition
9. TITLE NAME	MGRM WILKES,	y 1, 2007 MANAGING MEMBE		TITU	E		Florida	Departme CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS	MGRM WILKES, 105 LONI	MANAGING MEMBE JACK L E OAK TRAIL		TITU NAM STRE	EET ADDRESS		Florida	Departme CHANGES	nt of State	
9. III'LE NAME STREET ADDRESS CITY-SI-ZIP	MGRM WILKES, 105 LONI	y 1, 2007 MANAGING MEMBE	☐ Delete	TITU NAM SIRE CITY	EET ADORESS -SI-ZIP		Florida	Departme CHANGES	nt of State	Addition
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE	MGRM WILKES, 105 LONI	MANAGING MEMBE JACK L E OAK TRAIL		TITU NAM STRE CITY	EET ADDRESS -ST-ZIP		Florida	Departme CHANGES	nt of State	
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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: Jok Willes Jack Wilkes

<u> 74153101</u>

(38)9376157

Daytime Phone #