## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED DOCUMENT # L06000086889 08 APR 17 AM 11:38 WATERDOG FENCING AND CLEANING LLC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 694 PERSIMMON ROAD 694 PERSIMMON ROAD SOPCHOPPY, FL 32358 SOPCHOPPY, FL 32358 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04172008 Cha-LLC CR2E083 (12/06) Applied For 4. FFI Number City & State City & State 87-0780943 Not Applicable Country \$5.00 Additional Zip Zip 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCOTT, VERBON DALE JR. Street Address (P.O. Box Number is Not Acceptable) 694 PERSIMMON ROAD SOPCHOPPY, FL 32358 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to . FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition ☐ Change MGRM Delete TITLE TITLE SCOTT, VERBON DALE JR. NAME NAME STREET ADDRESS STREET ADDRESS 694 PERSIMMON ROAD CITY-ST-ZIP SOPCHOPPY, FL 32358 CITY-ST-ZIP ☐ Change ☐ Addition TITLE MGRM ☐ Delete TITL F 100123889471 SHEATS, CATHY C NAME NAME 04/17/08--01007--017 694 PERSIMMON ROAD STREET ADDRESS STREET ADDRESS \*\*138.75 CITY - ST - ZIP CITY-ST-ZIP SOPCHOPPY, FL 32358 ☐ Change ☐ Addition MGRM Detete TITLE TITLE NAME NICHOLS, POLLY-ANN NAME STREET ADDRESS 694 PERSIMMON ROAD STREET ADDRESS SOPCHOPPY, FL. 32358 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE