2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109640

Entity Name: TLC FENCING, LLC

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6250 DELWARE AVE

NEW PORT RICHEY, FL 34653

Current Mailing Address: New Mailing Address:

6250 DELWARE AVE P.O. BOX 564

NEW PORT RICHEY, FL 34653 ARCHER, FL 32618

FEI Number: 20-5849853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CLARK, TONY

ALL FLORIDA FIRM, INC
6250 DELWARE AVE
813 DELTONA BLVD STE A
NEW PORT PICHEY EL 24652 LIS
BOX 1360523

NEW PORT RICHEY, FL 34653 US BOX 1369523 DELTONA, FL 32725 US

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: CHRISTINA CLARK FOR ALL FLORIDA FIRM, INC 01/07/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 CLARK, TONY
 Name:

 Address:
 6250 DELWARE AVE
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL 34653
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:COLEMAN, KIPP ALLENName:COLEMAN, KIPP ALLENAddress:6209 GEORGIA AVEAddress:6209 GEORGIA AVE

City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: NEW PORT RICHEY, FL 34653

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: CHRISTINA CLARK FOR TONY CLARK MGRM 01/07/2009