
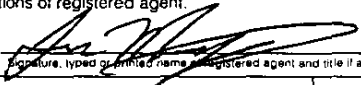
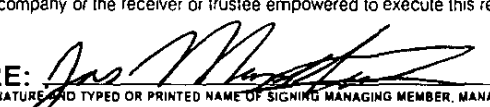


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90078 032 ****50.00

DOCUMENT # L06000116611					
1. Entity Name ELITE FENCING AND DISTRIBUTION LLC					
Principal Place of Business POST OFFICE BOX 151815 CAPE CORAL, FL 33915			Mailing Address POST OFFICE BOX 151815 CAPE CORAL, FL 33915		
2. Principal Place of Business - No P.O. Box # 701 NW 17th PLACE		3. Mailing Address PO BOX 151815			
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL		4. FEI Number 06-1800640	
Zip 33993		Zip 33915		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
a. Name and Address of Current Registered Agent WORMUTH, PAULA J 8713 CREST LANE FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name GUSTAVO MONDRAGON Street Address (P.O. Box Number is Not Acceptable) 1718 SW SANTA BARBARA PLACE City CAPE CORAL FL Zip Code 33991		
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  (NOTE: Registered Agent signature required when reinstating) 3/19/07 <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MONDRAGON, GUSTAVO 1718 SW SANTA BARBARA PLACE CAPE CORAL, FL 33991			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  GUSTAVO MONDRAGON 3/19/07 239-810-5658 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>					