## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L07000097595  1. Entity Name D & B FENCE CO. LLC						04-24-2008	3 90011 039 ***1	38.75
Principal Place of Business Mailing Address						•	VU	
1740 BURGA TALLAHASSE	ANDY BLVD EE, FL 32303	1740 BURGANDY BLVD TALLAHASSEE, FL 32303			Elim isem lerii eriii eri		<b>1</b>   1 <b>  1</b>   1  1  1  1  1  1  1  1  1  1  1  1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02282008	Chg-LLC	CR2E083 (12/06	)	
City & State		City & State		4. FEI Numbe	~ ^ ~		Applied For Not Applicable	
Zip Country		Zip	Country		5. Certificate	of Status Desired	□ \$5.00 A Fee Requi	dditional red
ļ	6. Name and Address of Current	Registered Agent		Ness	7. Name and	Address of New R	legistered Agent	
	ANTE, DANIEL			Name Street Address (P.O. Box Number is Not Acceptable)			<u></u>	
	GANDY BLVD SSEE, FL 32303			Giveet / Idah 003	TO. DOX ITAINDE	a Not Acceptable		
				City	781	•	FL Zip Co	de
	named entity submits this statement for	or the purpose of changing its	registere	d office or registe	red agent, or bot	h, in the State of Flo		n, and accept
the obligat	tions of registered agent.							
SIGNATURE :	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature require	d when reinstating)		DATE	
				·				<del></del>
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	5				Florida	e check payable to a Department of Sta	ite: 3
FILE After May	y 1, 2008 Fee will be \$538.75  MANAGING MEMBE	RS/MANAGERS	10.				e check payable to a Department of Sta /CHANGES	•
FILE After May	y 1, 2008 Fee will be \$538.75	5	10. TITLE NAME STREE			Florida	e check payable to a Department of Sta	-
9. IIILE NAME STREET ADDRESS	MANAGING MEMBE MGRM BUSTAMANTE, DANIEL 1740 BURGANDY BLVD	RS/MANAGERS	10. TITLE NAME STREE CITY TITLE NAME STREE	T ADDRESS ST-ZIP		Florida	e check payable to a Department of Sta /CHANGES	☐ Addition
FILE After May  9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM BUSTAMANTE, DANIEL 1740 BURGANDY BLVD TALLAHASSEE, FL 32303 MGRM BUSTAMANTE, BEATRIZ 1740 BURGANDY BLVD	FRS/MANAGERS	10. TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE	T ADDRESS ST-ZIP		Florida	e check payable to a Department of Sta /CHANGES	☐ Addition
9. 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	MANAGING MEMBE MGRM BUSTAMANTE, DANIEL 1740 BURGANDY BLVD TALLAHASSEE, FL 32303 MGRM BUSTAMANTE, BEATRIZ 1740 BURGANDY BLVD	RS/MANAGERS Delete	10. TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP		Florida	ce check payable to a Department of State  / CHANGES    Change	Addition  Addition
FILE After May  9.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM BUSTAMANTE, DANIEL 1740 BURGANDY BLVD TALLAHASSEE, FL 32303 MGRM BUSTAMANTE, BEATRIZ 1740 BURGANDY BLVD	BERS/MANAGERS  Delete  Delete	10. TITLE NAME STREE CITY	IT ADDRESS ST-ZIP  IT ADDRESS ST-ZIP  IT ADDRESS ST-ZIP  IT ADDRESS ST-ZIP		Florida	ce check payable to a Department of State  / CHANGES    Change	Addition Addition Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM BUSTAMANTE, DANIEL 1740 BURGANDY BLVD TALLAHASSEE, FL 32303 MGRM BUSTAMANTE, BEATRIZ 1740 BURGANDY BLVD	BERS/MANAGERS Delete Delete Delete Delete	10. TITLE NAME STREE CITY- TITLE CITY-	IT ADDRESS ST-ZIP  IT ADDRESS ST-ZIP		ADDITIONS	ce check payable to a Department of State  / CHANGES    Change    Change    Change	Addition  Addition  Addition  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: DANIC/ BUStorunte

<u>4-17-0</u>

\$678)255-7456