

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101862

Entity Name: KEYED UP FENCE, LLC

FILED  
Jun 23, 2009  
Secretary of State

**Current Principal Place of Business:**

15628 95TH AVENUE NORTH  
JUPITER, FL 33478

**New Principal Place of Business:**

**Current Mailing Address:**

15628 95TH AVENUE NORTH  
JUPITER, FL 33478

**New Mailing Address:**

FEI Number: 26-3638023      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CHESNES, GERARD JR.  
15628 95TH AVENUE NORTH  
JUPITER, FL 33478      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: CHESNES, GERARD JR.  
Address: 15628 95TH AVENUE NORTH  
City-St-Zip: JUPITER, FL 33478

Title: MGR      ( ) Delete  
Name: CHESNES, SHARI  
Address: 15628 95TH AVENUE NORTH  
City-St-Zip: JUPITER, FL 33478

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GERARD CHESNES JR.

MGR

06/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date