

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000008272

**FILED**  
**Feb 04, 2011**  
**Secretary of State**

**Entity Name:** INVISIBLE FENCE OF BROWARD/DADE COUNTY, LLC

**Current Principal Place of Business:**

14250 CARLSON CIRCLE  
UNIT K9  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

14250 CARLSON CIRCLE  
UNIT K9  
TAMPA, FL 33626

**New Mailing Address:**

**FEI Number:** 26-4101025

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIBBS, MICHAEL  
14250 CARLSON CIRCLE  
UNIT K9  
TAMPA, FL 33626 US

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

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  
**Name:** GIBBS, MICHAEL  
**Address:** 2712 W JETTON AVE.  
**City-St-Zip:** TAMPA, FL 33629

**Title:** MGR  
**Name:** NASH, J. ALAN  
**Address:** 2020 DERBY LANE  
**City-St-Zip:** BRASELTON, GA 30517

I hereby 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:** MICHAEL GIBBS

MGR

02/04/2011

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