

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000024841**

1. Entity Name  
**CIRCLE P LIVESTOCK, LLC**



Principal Place of Business

17949 NE 21ST COURT  
CITRA, FL 32113

Mailing Address

17949 NE 21ST COURT  
CITRA, FL 32113

**DO NOT WRITE IN THIS SPACE**



04282004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**36-4518618**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WATSON, WILLIAM B III  
527 EAST UNIVERSITY AVENUE  
GAINESVILLE, FL 32601

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
PONS, D.M.  
2050 NE 180TH ST  
CITRA, FL 32113

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VMGR  
PONS, J. PHIL  
17949 NE 21ST CT  
CITRA, FL 32113

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
PONS, WINFRED  
17949 NE 21ST CT  
CITRA, FL 32113

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000150822  
05/04/04-80020-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Winifred Pons*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4/30/04* *352-595-3705*

Date

Daytime Phone #