

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 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



04122008No Chg-LLC

CR2E083 (12/07)

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 reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000935849
05/23/08-80088-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	PONS, D.M.
STREET ADDRESS	2050 NE 180TH ST
CITY-ST-ZIP	CITRA, FL 32113
TITLE	VMGR
NAME	PONS, J. PHIL
STREET ADDRESS	17949 NE 21ST CT
CITY-ST-ZIP	CITRA, FL 32113
TITLE	ST
NAME	PONS, WINFRED
STREET ADDRESS	17949 NE 21ST CT
CITY-ST-ZIP	CITRA, FL 32113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Winifred Pons Winifred Pons 4/20/08 843 8788

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

Date

Daytime Phone #