

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000024841

**FILED**  
**Sep 17, 2010**  
**Secretary of State**

**Entity Name:** CIRCLE P LIVESTOCK, LLC

**Current Principal Place of Business:**

17949 NE 21ST COURT  
CITRA,, FL 32113

**New Principal Place of Business:**

**Current Mailing Address:**

17949 NE 21ST COURT  
CITRA,, FL 32113

**New Mailing Address:**

**FEI Number:** 36-4518618

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WATSON, WILLIAM B III  
527 EAST UNIVERSITY AVENUE  
GAINESVILLE, FL 32601 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: P  
Name: PONS, D.M.  
Address: 2050 NE 180TH ST  
City-St-Zip: CITRA, FL 32113

Title: VMGR  
Name: PONS, J. PHIL  
Address: 17949 NE 21ST CT  
City-St-Zip: CITRA, FL 32113

Title: ST  
Name: PONS, WINFRED  
Address: 17949 NE 21ST CT  
City-St-Zip: CITRA, FL 32113

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: WINIFRED PONS

SEC.

09/17/2010

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