## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000035234

1. Entity Name

ΤF



## **FILED** Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90067 016 \*\*\*\*50.00

RIPLE S	CATTLE COMPANY,	LLC						
	O NOT WRITE	IN THIS SE	PAC	Ë				
Principal Pla 2405 Suite, Apt. #	ce of Business SA60 , etc.	3. Mailing Address 2685 Ha. Suite, Apt. #, etc.	NSM	ub Bd		DO NOT WRITE IN TH	HIS SPACE	
City & State	P. I B	City & State	Fi		4. FEI Number 92 - 0	179570		Applied For Not Applicable
	. <del></del>	32 804	Cour	ntry	5. Certificate of		\$5.00 Fee Req	Additional uired
3296	96	36807			7. Name and Add	ress of Current Regist	ered Agent	
	DO NOT W IN THIS SP	ACE		CityOrla	Varley P.O. Box Stuylber is P.		<u> </u>	Code 204
the obligation	named entity submits this statement for one of registered agent.  Signature, typed or printed name of registered agent a	and title if applicable.  Make Check Payel	FEE IS	3 \$50.00			ATE	ini, and decept
9.	MANAGING MEMBE	RS/MANAGERS				100		3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR H Varley Graw 1685 Hansonb P Orlando, 12	Thum 32207	N/ ST	TLF  AME  REET ADDRESS  TY-ST-ZIP				05000 (12)
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44 11		h this filing does not qualify	for the e	exemption stated in 3	Section 119.0/(3)(i)	, Florida Statutes, i jurtr	ion corting that	a second the

I nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 113.07(3)(1), Florida Statutes. Further certify that the 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE