

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90020 049 \*\*\*\*50.00

**DOCUMENT # L03000004924**

1. Entry Name  
**BORN TO WIN FARM, LLC**



Principal Place of Business  
**19202 HANNA ROAD  
LUTZ, FL 33549**

Mailing Address  
**19202 HANNA ROAD  
LUTZ, FL 33549**

**DO NOT WRITE IN THIS SPACE**



04102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**51-0445189**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PULEO, PAUL N  
19202 HANNA ROAD  
LUTZ, FL 33549**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	PULEO, PAUL M
STREET ADDRESS	19202 HANNA RD
CITY- ST- ZIP	LUTZ, FL
TITLE	MGRM
NAME	PULEO, SHARON
STREET ADDRESS	19202 HANNA RD
CITY- ST- ZIP	LUTZ, FL
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:** \_\_\_\_\_

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

**7/13/06 8762072**  
Date Daytime Phone #