

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90034 049 ****50.00

DOCUMENT # L03000055336

1. Entity Name

CATTLECAR, LLC



Principal Place of Business

**445 LIMIT AVENUE
MT. DORA FL 32757
US**

Mailing Address

**445 LIMIT AVENUE
MT. DORA FL 32757
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROWN, THOMAS W
116 NW COLUMBIA AVENUE
LAKE CITY FL 32056-1029**

7. Name and Address of New Registered Agent

Name **Robert L. Simpson**

Street Address (P.O. Box Number is Not Acceptable)
445 Limit Avenue

City **Mount Dora**

FL

Zip Code
32757

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

Robert L. Simpson

Robert L. Simpson, Registered Agent April 14, 2006

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SIMPSON FAMILY PARTNERSHIP, LTD.**
STREET ADDRESS **445 LIMIT AVENUE**
CITY-ST-ZIP **MT. DORA FL 32757**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Robert L. Simpson, Mgr.** ☒ Change ☐ Addition
NAME **Simpson Family Partnership, Ltd.**
STREET ADDRESS **445 Limit Avenue**
CITY-ST-ZIP **Mount Dora FL 32757**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert L. Simpson

Robert L. Simpson, Mgr.

4/14/2006

352-383-4667

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

Date

Daytime Phone #