

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000055336

Entity Name: CATTLECAR, LLC

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

445 LIMIT AVENUE  
MT. DORA, FL 32757 US

**New Principal Place of Business:**

**Current Mailing Address:**

445 LIMIT AVENUE  
MT. DORA, FL 32757 US

**New Mailing Address:**

P O BOX 38  
MT. DORA, FL 32756 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

SIMPSON, ROBERT L  
445 LIMIT AVENUE  
MOUNT DORA, FL 32757 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: MGR  
Name: SIMPSON FAMILY PARTNERSHIP, LTD.  
Address: P O BOX 38  
City-St-Zip: MOUNT DORA, FL 32756 US

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: ROBERT L SIMPSON

MGR

02/09/2010

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