

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90163 049 \*\*\*\*50.00

**DOCUMENT # L04000025592**

f. Entity Name

**MOBETTA BULL COMPANY, LLC**



Principal Place of Business

**1492 S. INDEPENDENCE BLVD  
#102  
VIRGINIA BEACH VA 23462  
VA**

Mailing Address

**1492 S. INDEPENDENCE BLVD  
#102  
VIRGINIA BEACH VA 23462  
VA**

**20011102**



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

4. FEI Number

**52-2442256**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZGONINA, JEFF  
10492 BLUE PALM STREET  
PLANTATION FL 33324**

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **ZGONINA, JEFF**  
STREET ADDRESS **10942 BLUE PALM STREET**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **MGR** ☐ Delete  
NAME **TATE, MAURY**  
STREET ADDRESS **104 E. EVANS AVE**  
CITY-ST-ZIP **APACHE OK 73006**

TITLE **MGR** ☐ Delete  
NAME **KECK, COY**  
STREET ADDRESS **1721 KEITH STREET NW**  
CITY-ST-ZIP **CLEVELAND TN 37311**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/16/05** **2847-24-7560**  
Date Daytime Phone #