

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90062 029 \*\*\*138.75

**DOCUMENT # L04000025592**

1. Entity Name  
**MOBETTA BULL COMPANY, LLC**



Principal Place of Business  
**10492 BLUE PALM STREET  
PLANTATION, FL 33324**

Mailing Address  
**241 GRANBY STREET  
#40  
NORFOLK, VA 23510**

00004322



2. Principal Place of Business - No P.O. Box #  
**661 WINDSURF LN**  
Suite, Apt. #, etc.

3. Mailing Address  
**1503 WINDSOR CT**  
Suite, Apt. #, etc.

01152008 Chg-LLC CR2E083 (12/06)

City & State  
**NAPLES FL**

City & State  
**PITTSBURGH PA**

4. FEI Number  
**52-2442256**  
Applied For  
Not Applicable

Zip  
**34108**  
Country  
**USA**

Zip  
**15241**  
Country  
**USA**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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

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

**7. Name and Address of New Registered Agent**

Name  
**JEFF ZGONINA**  
Street Address (P.O. Box Number is Not Acceptable)  
**661 WINDSURF LANE**  
City  
**NAPLES FL** Zip Code **34108**

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 **JEFF ZGONINA**

**1/19/08**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\_\_\_\_\_** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\_\_\_\_\_** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\_\_\_\_\_** ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
JEFF ZGONINA  
661 WINDSURF LN  
NAPLES FL 34108** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\_\_\_\_\_** ☐ Change ☐ Addition

TITLE  
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**\_\_\_\_\_** ☐ Change ☐ Addition

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: **JEFF ZGONINA, member** **1/19/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #