3/1

FILED
Aug 08, 2005 8:00 am
Secretary of State
03-14-2005 90592 033 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000039744

1. Entity Name
NEWSOME CATTLE RANCHES, LLC

30010496

Principal Place of Business	Mailing Address
1048 STRIMENOS LANE LEESBURG, FL 34748	1048 STRIMENOS LANE LEESBURG, FL 34748

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02172005 Chg-LLC CR2E063 (10/03)

4. FEI Number #20-1173094 ☐ 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
RICHARD S. BERGHOLTZ, P.A. 1107 NORTH DONNELLY STREET MOUNT DORA, FL 32757	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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRIMENOS, PETER T 1048 STRIMENOS LANE LEESBURG, FL 34748	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEWSOME, JOHN 33319 COUNTY ROAD 468 LEESBURG, FL 34748	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ______________________ 2-23-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

TAXPAYER COPY

ATTACHMENT

3001049 6

NEWSOME CATTLE RANCHES, LLC

1048 STRIMENOS LANE
LEESBURG, FLORIDA 34748

TELE: 352-267-5984

Certified mail, return receipt requested

July 8, 2005

Florida Department of State
Division of Corporations
P. O. Box 6478
Tallahassee, Florida 32314

Re: Notice of ~~Intent to Dissolve~~
Doc #L04000039744

Gentlemen:

Enclosed is a copy of our 2005 Annual Report for the above LLC #L04000039744 Signed on 2/23/05. We sent in payment our check #1090 in the amount of $50.00 dated 2/26/05.

Also Enclosed is a copy of the Certified Mail receipt signed as received by "Damien Peterson". The Post office receipt is dated 2/28/05 as the dated mailed.

Attached is a copy of one page of our Bank Statement showing the above mentioned check clearing the account on 3/23/05.

We would appreciate your confirming, in writing to us, the cancellation of the Notice of Intent to Dissolve for non-payment.

Sincerely,

Peter T. Strimenos, Manager
(4) enclosures

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Newsome Cattle Ranchers
1048 Strimenos Lane
Leesburg, FL 34748

ATTACHMENT
30010496
LR400003944

01

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Florida Dept. of State
DIV. OF CORPORATIONS
P.O. Box 6478
Tallahassee, Florida 32314

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Damien Peterson ☐ Agent ☐ Addressee

B. Received by (Printed Name) DAMIEN PETERSON C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

TALLAHASSEE FL MPO FEB 28 PM 1:14

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 3110 0006 2935 2187

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
TALLAHASSEE FL 32301

OFFICIAL USE

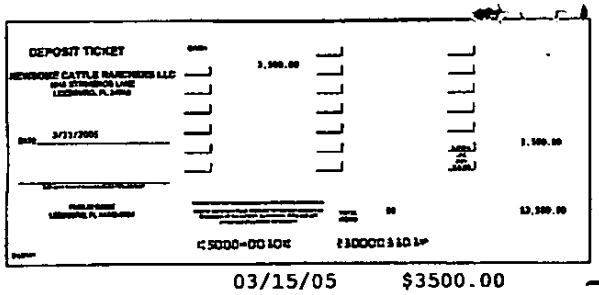
Postage	$ $0.37
Certified Fee	$2.30
Return Receipt Fee (Endorsement Required)	$1.75
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $4.42

Postmark Here
FEB 28 2005
02/28/2005

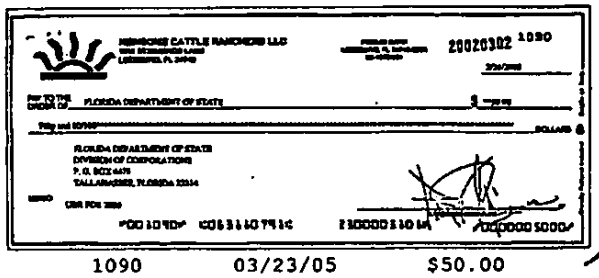
Sent To: FLA Dept of State
Street, Apt. No.; or PO Box No.: Div. of Corporations
City, State, ZIP+4: Tallahassee Florida 32314

7003 3110 0006 2935 2187

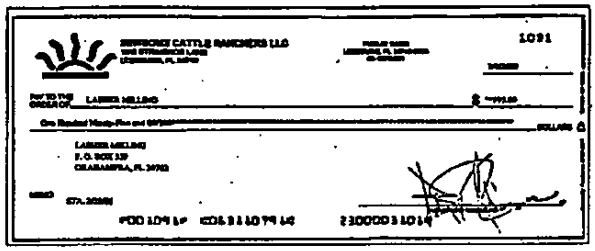
ATTACHMENT
300/0496
L04000039744



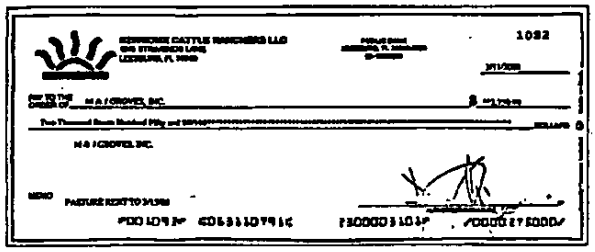
03/15/05 $3500.00



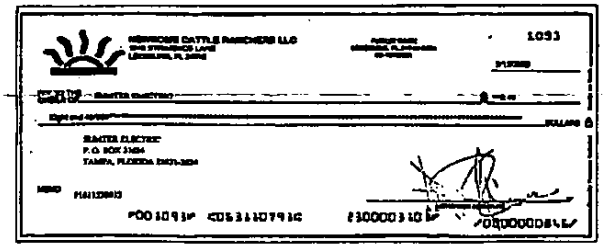
1090 03/23/05 $50.00 *



1091 03/08/05 $195.00



1092 03/17/05 $2750.00



1093 03/21/05 $8.46