## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 20, 2005 8:00 am Secretary of State

DOCUMENT # L0400074298  1. Entity Name CATTLEMAN'S FENCE COMPANY, LLC						04-20-2005 90	0030 022 ****50	.00
		Mailing Address				- 11-770 may as 1 - 1-10		
325 NW 16TH AVE				JS	` T			~
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Principal Place of Business     3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042005	Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Numb	1-17578	<b>∽</b> ∽ —	pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	S5.00 Ad Fee Require	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R	egistered Agent	- 11
DAVIS MA	√." ΔVLΩN R			Name				
DAVIS, MAYLON R 325 NW 16TH AVE. OKEECHOBEE, FL 34972				Street Address (P.O. Box Number is Not Acceptable)				
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ý í í í í í í í í í í í í í í í í í í í				City	FL Zip Code			
	named entity submits this statement tions of registered agent.		s registeri	ed office or regi	istered agent, or bo	ith, in the State of Flo	orida. I am tamiliar with	, and accept
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable / (NOT	TE: Registere	d Agent signature rec	quired when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2005					Make check payable to Florida Department of State			
10	iling Fee is \$50.00 ue by May 1, 2005	1 VI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						te
10	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEME		10.				Department of Sta	te
9. TITLE	MANAGING MEME		TITU	E		Florida	Department of Sta	te ☐ Addition
9.	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEME	DERS/MANAGERS	TITU NAM	E		Florida	Department of Star	
9. TITLE NAME	MANAGING MEME MGRM DAVIS, MAYLON R	DERS/MANAGERS	TITLI NAM STRI	E IE		Florida	Department of Star	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEME MGRM DAVIS, MAYLON R 325 NW 16TH AVE.	DERS/MANAGERS	TITLI NAM STRI CITY	E EET ADDRESS /-ST-ZIP E		Florida	Department of Star	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.

IGNATURE: Ylaylon Russel Stark

4-14-05

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