

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081913

Entity Name: K&D CATTLE, LLC

FILED  
Mar 07, 2007  
Secretary of State

**Current Principal Place of Business:**

16255 STATE ROAD 62  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

16255 STATE ROAD 62  
PARRISH, FL 34219

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

KEARNEY, DANIEL  
1329 US HWY 301  
PALMETTO, FL 34221 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: MGRM ( ) Delete  
Name: KIPP, WILLIAM B  
Address: 16255 STATE ROAD 62  
City-St-Zip: PARRISH, FL 34219

Title: MGRM ( ) Delete  
Name: DEVUYST, RICHARD  
Address: 13507 68TH ST EAST  
City-St-Zip: PARRISH, FL 34219

Title: MGRM ( ) Delete  
Name: FLOYD, SMITH  
Address: 2706 12TH ST. W  
City-St-Zip: PALMETTO, FL 34221

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: DEVUYST, RICHARD  
Address: 13405 65TH ST EAST  
City-St-Zip: PARRISH, FL 34219

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: RICHARD DEVUYST

MGRM

03/07/2007

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