

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000028883

1. Entity Name
CIRCLE 3 RESOURCES LLC



Principal Place of Business
3895 N.W. 53RD STREET
BOCA RATON, FL 33496

Mailing Address
3895 N.W. 53RD STREET
BOCA RATON, FL 33496



01302008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1351929

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALTMANN, ANTHONY F
3895 N.W. 53RD STREET
BOCA RATON, FL 33496

**DO NOT WRITE
IN THIS SPACE**

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

3/24/08

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ALTMANN, ANTHONY F
3895 N.W. 53RD STREET
BOCA RATON, FL 33496

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PARKER, JAMES
3235 N.W. 29TH AVENUE
BOCA RATON, FL 33434

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LLOYD, THOMAS
142 PEACHBLOW ROAD
BASALT, CO 81621

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000869956
04/09/08-80070-025 138.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/24/08 561 241 1911