

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90178 023 ****50.00

DOCUMENT # L05000029922

1. Entity Name
CATTLE, GROVES & HAY, LLC



Principal Place of Business
101 TIMBERLACHEN CIRCLE
SUITE 202
LAKE MARY, FL 32746

Mailing Address
PO BOX 952259
LAKE MARY, FL 32795

40117040



2. Principal Place of Business - No P.O. Box #
22144 State Road 46
Suite, Apt. #, etc.

3. Mailing Address
22144 State Road 46
Suite, Apt. #, etc.
%Champion Group of Companies
City & State
Sorrento FL

01092007 Chg-LLC CR2E083 (12/06)

City & State
Sorrento, FL

Zip
32776

Country
USA

Zip
32776

Country
USA

4. FEI Number
20-2562008

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TREE FROG, LLC
101 TIMBERLACHEN CIRCLE
SUITE 202
LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name ~~PLANTER TRADING CO.~~
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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME TREE FROG, LLC
STREET ADDRESS PO BOX 952259
CITY-ST-ZIP LAKE MARY, FL 32795

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 owner 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Benjamin L. Champion

4-30-07

407 330-2120

Managing Member of Tree Frog, LLC