

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90266 027 \*\*\*138.75

DOCUMENT # L06000006498

1. Entity Name  
4-C CATTLE COMPANY, LLC



Principal Place of Business  
1179 YARNELL AVE.  
LAKE WALES, FL 33853

Mailing Address  
1179 YARNELL AVE.  
LAKE WALES, FL 33853

60015450



2. Principal Place of Business - No P.O. Box #  
1400 Grape Hammock Rd

3. Mailing Address  
1400 Grape Hammock Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152008 Chg-LLC CR2E083 (12/06)

City & State  
Lake Wales, FL

City & State  
Lake Wales, FL

4. FEI Number  
20-4380791

Applied For  
Not Applicable

Zip  
33898

Country  
USA

Zip  
33898

Country  
USA

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

CHANDLEY, BARRETT C  
1179 YARNELL AVE.  
LAKE WALES, FL 33853

Name  
Same

Street Address (P.O. Box Number is Not Acceptable)

1400 Grape Hammock Rd

City  
Lake Wales

FL

Zip Code  
33898

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

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CHANDLEY, LORI L  
1179 YARNELL AVE.  
LAKE WALES, FL 33853 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Same  
Same  
1400 Grape Hammock Rd.  
Lake Wales, FL 33898 ☒ 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

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 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:

Lori Chandley Lori L. Chandley

3/10/08

863-528-8793

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

Date

Daytime Phone #