

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90040 003 ****50.00

DOCUMENT # L06000089376

1. Entity Name
RED SPECKLED BRAHMA PROPERTIES, LLC



Principal Place of Business
**221 MOON GLOW AVE
LAKE PLACID, FL 33852**

Mailing Address
**221 MOON GLOW AVE
LAKE PLACID, FL 33852**

60054000

2. Principal Place of Business - No P.O. Box #
1496 East Sunset Lane

3. Mailing Address
1496 East Sunset Lane

Suite, Apt. #, etc.



07052007 Chg-LLC CR2E083 (12/06)

City & State
Avon Park FL

Zip
33825

Country
Highlands

4. FEI Number
51-0611613

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SALVO, PAM
221 MOON GLOW AVE
LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent

Name
Salvo Pam

Street Address (P.O. Box Number is Not Acceptable)
1496 East Sunset Lane

City
Avon Park

FL Zip Code
33825-7839

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 **PAM Salvo MGRM Pam Salvo** DATE **6/29/07**

Signature, typed or printed name of registered agent and (title if applicable). (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVO, JOSEPH		NAME		
STREET ADDRESS	221 MOON GLOW AVE		STREET ADDRESS	1496 East Sunset Lane	
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP	AVON PARK, FL 33825-7839	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVO, PAM		NAME	Salvo, PAM	
STREET ADDRESS	221 MOON GLOW AVE		STREET ADDRESS	1496 East Sunset Lane	
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP	AVON PARK, FL 33825-7839	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Joseph Salvo MGRM** **6-29-07** **863-273-9173**

SIGNATURE: **PAM Salvo MGRM** **6-29-07** **863-273-7291**

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