

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90021 039 ***143.75

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1. Entity Name
DAVIE PRO RODEO, LLC



Principal Place of Business
20701 STRILING ROAD
PEMBROKE PINES, FL 33332

Mailing Address
20701 STRILING ROAD
PEMBROKE PINES, FL 33332

60003186



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0605786

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEEKLEY, WAYNE D
20701 STRILING ROAD
PEMBROKE PINES, FL 33332

**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 _____

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
MGR
WEEKLEY, TROY L
20701 STRILING ROAD
PEMBROKE PINES, FL 33332

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WEEKLEY, DANIEL D
20701 STRILING ROAD
PEMBROKE PINES, FL 33332

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WEEKLEY, WAYNE D
20701 STRILING ROAD
PEMBROKE PINES, FL 33332

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 #

1-15-08