

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90113 042 ***138.75

DOCUMENT # L06000117566

1. Entity Name
DUNCAN CATTLE COMPANY, LLC



Principal Place of Business
4330 SW 11TH WAY
OKEECHOBEE, FL 34974 US

Mailing Address
4330 SW 11TH WAY
OKEECHOBEE, FL 34974 US

50003528



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
51-0616484

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WEBER, TIMOTHY W ESQ.
980 TYRONE BOULEVARD
ST. PETERSBURG, FL 33710

Name
TIMOTHY W. WEBER
Street Address (P.O. Box Number is Not Acceptable)
980 Tyrone Blvd
City
St. Petersburg FL Zip Code
33710

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]

(NOTE: Registered Agent signature required when reappointing)

4/7/08

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
MGRM
DUNCAN, JUSTIN H
3449 FERNWAY DRIVE
LORIDA, FL 33857 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
William R Duncan
4330 SW 11th Way
Okeechobee, FL 34974 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WEBER DUNCAN HOLDINGS, LLC
13717 US 301 N
PARRISH, FL 34219 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
W&S DUNCAN LIMITED PARTNERSHIP
2411 HIGHWAY 70 E
OKEECHOBEE, FL 34972 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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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 606, Florida Statutes.

SIGNATURE:

William R Duncan

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

4-12-08

(863) 634-9040

Date

Daytime Phone #