

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

02-08-2008 90098 024 ***138.75

DOCUMENT # L07000018606 1. Entity Name T&J CATTLE RANCH, LLC			
Principal Place of Business 6460 N.W. 72ND WAY PARKLAND, FL 33067		Mailing Address 6460 N.W. 72ND WAY PARKLAND, FL 33067	
2. Principal Place of Business - No P.O. Box # 4774 N. POWERLINE RD.		3. Mailing Address 4774 N. POWERLINE RD.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State DEERFIELD BCH FL		City & State DEERFIELD BCH FL	
Zip 33073		Zip 33073	
Country 		Country 	
4. FEI Number 20-8440130		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARK H. HILDEBRANDT, P.A. 300 SEVENTY FIRST STREET, SUITE 302 MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when resigning) 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	MGRM ASSENZA, ANTONIO 6460 N.W. 72ND WAY PARKLAND, FL 33067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWIS, DON 6460 N.W. 72ND WAY PARKLAND, FL 33067	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
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		2-1-8 Date	
		954 590 3305 Daytime Phone #	

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