

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90373 040 ***138.75

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1. Entity Name
CATTLEMAN'S FEED NORTH, L.L.C.



Principal Place of Business
109 N LAKE AVE
GROVELAND, FL 34736 US

Mailing Address
P O BOX 1573
POLK CITY, FL 33868 US

50005961



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02062008 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-2197676 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

FUSSELL, KAYLON
9450 VOYLES LOOP RD
POLK CITY, FL 33868

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 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 MGRM ☐ Delete
NAME FUSSELL, KAYON
STREET ADDRESS P O BOX 1573
CITY-ST-ZIP POLK CITY, FL 33868

TITLE ☒ Change ☐ Addition
NAME FUSSELL, KAYLON
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME RODRIGUEZ, SETH
STREET ADDRESS P O BOX 1573
CITY-ST-ZIP POLK CITY, FL 33868

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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: *Kaylon Fussell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/08 352-429-2944
Date Daytime Phone #