## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT #L07000091483**

SIGNATURE:



FILED Feb 18, 2008 8:00 am **Secretary of State** 

02-18-2008 90075 005 \*\*\*138.75

2-404-2061

DIAMOND 3 CATTLE COMPANY, LLC Principal Place of Business Mailing Address 3401 OLEANDER AVENUE PO BOX 25 3401 OLEANDER AVENUE FORT PIERCE, FL 34982 FORT PIERCE, FL-34982 24954 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **NEILL, JAMES D** Street Address (P.O. Box Number is Not Acceptable) 3401 OLEANDER AVENUE FORT PIERCE, FL 34982 City Zip Code FL 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) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 · Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE Сhange X Addition NAME MAME J David Neill STREET ADDRESS STREET ADDRESS 3401 Oleander AVE CITY-ST-ZIP CITY-ST-ZIP Fort Piece, FL 34982 TITI F ☐ Delete TITLE MGRM ☐ Change **Y**Addition Gary White NAME NAME 15701 Orange Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Fort Pierce, FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CCTY-ST-77P CITY-ST-7IP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete -TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE