

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L98000001590**

1. Entity Name

L CROSS CATTLE, LLC

Principal Place of Business

**6208 EAST COUNTY ROAD 466
OXFORD FL 34484**

Mailing Address

**P.O. BOX 148
OXFORD FL 34484**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3527437**

Applied For

Not Applicable

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****BASS, F.E.
6208 EAST COUNTY ROAD 466
OXFORD FL 34484**

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	MGR			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BASS, F.E.	6208 EAST COUNTY ROAD 466	OXFORD FL 34484						
	MGR			<input checked="" type="checkbox"/> Delete		MGR			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	MARTIN, JACKIE	PO BOX 148	OXFORD FL 34484			DUSTIN C. BASS	3515 SW 39th Blvd. #35C	Gainesville, FL 32608	
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **SIGNATURE REQUIRED**

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

2/27/02 352-748-3571

Date

Daytime Phone #

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90168 027 *****50.00

B0049616

DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)