

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90796 027 ****50.00

DOCUMENT # L99000002071

1. Entity Name

CENTRAL BEEF IND., L.L.C.



Principal Place of Business

571 WEST KINGS HIGHWAY
CENTRAL HILL FL 33514

Mailing Address

571 WEST KINGS HIGHWAY
CENTRAL HILL FL 33514

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

59-3569726

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

SHEAR, L. DAVID ESQ
401 EAST JACKSON STREET, SUITE 2700
TAMPA FL 33602

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE P ☐ Delete
NAME CHERNIN, MARSHALL
STREET ADDRESS 571 WEST KINGS HIGHWAY
CITY-ST-ZIP CENTER HILL FL 33514

TITLE PART ☐ Delete
NAME CHERNIN, ALEX
STREET ADDRESS 571 WEST KINGS HIGHWAY
CITY-ST-ZIP CENTER HILL FL 33514

TITLE PART ☐ Delete
NAME CHERNIN, ADAM
STREET ADDRESS 571 WEST KINGS HIGHWAY
CITY-ST-ZIP CENTER HILL FL 33514

TITLE PART ☐ Delete
NAME KATZMAN, LISA
STREET ADDRESS 571 WEST KINGS HIGHWAY
CITY-ST-ZIP CENTER HILL FL 33514

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

Date

Daytime Phone #

3-15-05