

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000004193

1. Entity Name
ARL CATTLE CO., LLC



Principal Place of Business
**110 CLEVELAND AVENUE
WILDWOOD, FL 34785**

Mailing Address
**110 CLEVELAND AVENUE
WILDWOOD, FL 34785**

DO NOT WRITE IN THIS SPACE



03252006 No Cfig-LLC

CR2E083 (11/05)

4. FEI Number
59-3585520

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARCHBANKS, LAWRENCE J
110 CLEVELAND AVENUE
WILDWOOD, FL 34785**

**DO NOT WRITE
IN THIS SPACE**

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 type if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DUNN, RAIFORD
STREET ADDRESS	2418 HUBB STREET
CITY- ST- ZIP	COLEMAN, FL 33525
TITLE	MGRM
NAME	MILLER, ANNETTE
STREET ADDRESS	250 CR 416 S
CITY- ST- ZIP	LAKE PANASOFFKEE, FL 33538
TITLE	MGRM
NAME	MARCHBANKS, LAWRENCE J
STREET ADDRESS	13344 CR 245
CITY- ST- ZIP	OXFORD, FL 34484
TITLE	MGRM
NAME	MARCHBANKS SHOEMAKER, LESLI
STREET ADDRESS	13344 CR 245
CITY- ST- ZIP	OXFORD, FL 34484
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000524530
05/03/06-80113-023 50.00

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IN THIS SPACE**

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: *Annette M. Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/14/06 *(852) 303-1855*
DATE Daytime Phone #