


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000004193</b> 1. Entity Name ARL CATTLE CO., LLC	
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Principal Place of Business 110 CLEVELAND AVENUE WILDWOOD, FL 34785	Mailing Address 110 CLEVELAND AVENUE WILDWOOD, FL 34785
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**DO NOT WRITE IN THIS SPACE**



02202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3585520	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  MARCHBANKS, LAWRENCE J 110 CLEVELAND AVENUE WILDWOOD, FL 34785
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**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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

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03/23/07-80072-004 50.00

**DO NOT WRITE  
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 3/12/2007 (352) 303-1855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #