

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000007372

1. Entity Name
ROCKER W. CATTLE CO., L.L.C.



Principal Place of Business

**COUNTY ROAD 17
HAINES CITY, FL**

Mailing Address

**16770 SANDHILL RD
WINTER GARDEN, FL 34787**



04032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3619343

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WIGGINS, JAMES E
16770 SAND HILL ROAD
WINTER GARDEN, FL 34787**

**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 reappointing)

DATE _____

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

000000493164
04/13/06-80093-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WIGGINS, JAMES E
16770 SAND HILL RD.
WINTER GARDEN, FL 34787**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WIGGINS, NANCY M
16770 SAND HILL RD.
WINTER GARDEN, FL 34787**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

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

Date

Daytime Phone #

James E Wiggins 4/03/2006 407-656-1259