


182

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L02000027313**

1. Entity Name  
**DaySTAR THoroughbreds, LLC.**



FILED  
2003 NOV 19 PM 2:57  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**7244 S.W. 70th Ave.**

3. Mailing Address  
**P.O. Box 770186**

Suite, Apt. #, etc.

City & State  
**Ocala, FL.**

City & State  
**Ocala, FL.**

Zip  
**34476**

Country  
**USA**

Zip  
**34477**

Country  
**USA**

4. FEI Number  
**04-3726887**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

*600024187826*  
*DO NOT WRITE IN THIS SPACE*  
*10/28/03 01012 013 \$50.00*

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**CATHERINE R. ACKERMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**500 NE 8TH AVE.**

City  
**Ocala**

FL  
**34470**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRm MARY C. SURRENCY P.O. Box 770186 OCALA, FL. 34477</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E083B (12/02)

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: Mary C. Surrency**

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

Date **10-19-03** 352 861 2842  
Daytime Phone #

10-19-03

2003

To Whom it may concern,

FILED

2003 NOV 19 PM 2:57

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

I have not received anything prior, concerning my LLC. I received the enclosed letter last week saying my LLC was revoked, I called the number on the letter and was told to get a form off the internet and send it along with a check. I

hope this will resolve.

Thank You,

Mary C. Surrency

DayStar Thoroughbreds LLC.