

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116480

FILED
May 20, 2009
Secretary of State

Entity Name: IDLEWILD FARM AND AQUATICS, LLC

Current Principal Place of Business:

12880 INDIAN MOUND RD
WELLINGTON, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

12880 INDIAN MOUND RD
WELLINGTON, FL 33467 US

New Mailing Address:

13501 SOUTH SHORE BLVD
102
WELLINGTON, FL 33467 US

FEI Number: 33-1190914 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

TARA A. LORDI
13501 SOUTH SHORE BLVD.
102
WELLINGTON, FL 33414 US

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.

SIGNATURE: TARA A. LORDI

05/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: IDLEWILD STABLES, INC
Address: 11864 PEBBLEWOOD DRIVE
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: IDLEWILD STABLES, INC
Address: 13501 SOUTH SHORE BLVD. STE 102
City-St-Zip: WELLINGTON, FL 33414 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TARA A. LORDI

MGR

05/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date