

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000034027

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Entity Name:** SAND 2 SADDLE HORSEMANSHIP, LLC

**Current Principal Place of Business:**

16081 SAWPIT ROAD  
JACKSONVILLE, FL 32226

**New Principal Place of Business:**

**Current Mailing Address:**

16081 SAWPIT ROAD  
JACKSONVILLE, FL 32226

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WISELOGEL, PAM S  
16081 SAWPIT ROAD  
JACKSONVILLE, FL 32226 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WISELOGEL, PAM S  
Address: 16081 SAWPIT ROAD  
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: MGRM  
Name: MCELWEE, JILL A  
Address: 16081 SAWPIT ROAD  
City-St-Zip: JACKSONVILLE, FL 32226 US

I hereby 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:** PAM WISELOGEL

MGR

02/22/2012

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