

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000050643

**Entity Name:** ANNWYN EQUESTRIAN CENTER LLC

**Current Principal Place of Business:**

2916 N. VALRICO ROAD  
SEFFNER, FL 33584

**Current Mailing Address:**

2916 N. VALRICO ROAD  
SEFFNER, FL 33584

**FEI Number:** 26-2456051

**Certificate of Status Desired:** No

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

MITCHELL, KATHLEEN  
2916 N. VALRICO ROAD  
SEFFNER, FL 33584 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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MITCHELL, KATHLEEN  
Address 2916 N. VALRICO ROAD  
City-State-Zip: SEFFNER FL 33584

Title MGRM  
Name MITCHELL, SUSAN  
Address 9920 TREE TOPS LAKE RD.  
City-State-Zip: TAMPA FL 33626

Title MGRM  
Name MITCHELL, DENNIS  
Address 9920 TREE TOPS LAKE RD  
City-State-Zip: TAMPA FL 33626

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUSAN MITCHELL

MGRG

03/13/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date