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. 01/11/2024

SIGNATURE: FELICE IADISERNIA

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: NORTHWEST STUD STABLES MANAGEMENT LLC **Current Principal Place of Business:**

2500 SW 125TH AVENUE OCALA, FL 34481

Current Mailing Address:

DOCUMENT# L16000024837

2500 SW 125TH AVENUE OCALA, FL 34481

FEI Number: 81-2109781

Name and Address of Current Registered Agent:

IADISERNIA, FELICE 2500 SW 125TH AVENUE OCALA, FL 34481 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: IADISERNIA FELICE

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR
Name	IADISERNIA, FELICE
Address	2500 SW 125TH AVENUE
City-State-Zip:	OCALA FL 34481

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

01/11/2024 Date

FILED Jan 11, 2024 Secretary of State 4491069526CC

MANAGER

Date