that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: IADISERNIA, FELICE

Electronic Signature of Signing Authorized Person(s) Detail

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: TOMAS COLMENAREZ

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

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 03/01/2021 MANAGER

Certificate of Status Desired: No

03/01/2021 Date

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000024837

Entity Name: NORTHWEST STUD STABLES MANAGEMENT LLC

Current Principal Place of Business:

2500 SW 125TH AVENUE OCALA, FL 34481

Current Mailing Address:

2500 SW 125TH AVENUE OCALA, FL 34481

FEI Number: 81-2109781

COLMENAREZ, TOMAS 2500 SW 125TH AVENUE

Name and Address of Current Registered Agent:

Date

FILED Mar 01, 2021 Secretary of State 0080207477CC