#### 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. 01/12/2023

OWNER

#### SIGNATURE: FELICE IADISERNIA

Electronic Signature of Signing Authorized Person(s) Detail

## DOCUMENT# L16000024837 Entity Name: NORTHWEST STUD STABLES MANAGEMENT LLC

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# **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

#### 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

## FILED Jan 12, 2023 Secretary of State 7938975310CC

Certificate of Status Desired: No

01/12/2023 Date

Date