

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000287113

**Entity Name:** WILSON TRAINING & BLOODSTOCK LLC

**Current Principal Place of Business:**

1313 VILLA LN.  
UNIT 37  
APOPKA, FL 32712

**Current Mailing Address:**

1313 VILLA LN.  
UNIT 37  
APOPKA, FL 32712 US

**FEI Number:** 83-2856955

**Certificate of Status Desired:** No

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

WILSON, MICHAEL D  
1313 VILLA LN.  
UNIT 37  
APOPKA, FL 32712 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 MGR  
Name WILSON, MICHAEL D  
Address 1313 VILLA LN.  
City-State-Zip: APOPKA FL 32712

*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:** MICHAEL WILSON

**MANAGER/OWNER**

**01/23/2020**

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

\_\_\_\_\_  
Date