

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000222700

Entity Name: SUMMER BREEZE STABLES LLC

Current Principal Place of Business:

4915 STABLES WAY
WELLINGTON, FL 33414

Current Mailing Address:

4915 STABLES WAY
WELLINGTON, FL 33414 US

FEI Number: 88-2526846

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF ORLAND
300 S ORNAGE AVE STE 1600 (BPR)
OLANDO, FL 32081 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 RAFFAELE, LISA
Address 4915 STABLES WAY
City-State-Zip: WELLINGTON FL 33414

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: LISA RAFFAELE

MGR

02/26/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date