

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000387367

**Entity Name:** SEASONS EQUESTRIAN, LLC

**Current Principal Place of Business:**

15317 COLLECTING CANAL RD  
LOXAHATCHEE GROVES, FL 33470

**Current Mailing Address:**

15317 COLLECTING CANAL RD  
LOXAHATCHEE GROVES, FL 33470

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

KUSS, KATHERINE  
15317 COLLECTING CANAL RD  
LOXAHATCHEE GROVES, FL 33470 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           MANAGER  
Name           KUSS, KATHERINE  
Address        15317 COLLECTING CANAL RD  
City-State-Zip: LOXAHATCHEE GROVES FL 33470

*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:** KATHERINE KUSS

MANAGER

01/12/2023

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

\_\_\_\_\_ Date