2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015097

1. Entity Name

J & J PLEASURE HORSES, LLC



FILED Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90005 033 ****50.00

U W U I ELAGORIL	THOROLO, LLO		1							
Principal Place of Business 530 HIGH STREET BUNNELL FL 32110		Mailing Address P.O. BOX 730155 ORMOND BEACH FL 32173								
2. Principal Place of Business 3		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			□- CHECK-HERE-II	F-MAKING:	CHANGES		-	
City & State		City & State		4. FEI Num	ber 59-368631 8	}		oplied For]	
Zip Country		Zìp	Country		5. Certificate of Status Desired			\$5.00 Additional		
					7. Name and Address of New Registered Agent					4
6. Name and Address of Current Registered Agent				Name and Address of New Registered Agent						
VIGLIOTTI, J 530 HIGH S' BUNNELL FI	TREET		Str		P.O. Box Numl	ber is Not Acceptable)				
557771222 1			City					Zip Code		
					FL					
The above named e the obligations of reg	ntity submits this statement for gistered agent.	the purpose of changing its r	egistered offic	ce or registere	ed agent, or b	oth, in the State of Flor	ida. I am fai	niliar with,	and accept	
SIGNATURE	ped or printed name of registered agent an	den de contrata	Registered Agent :		han seizatetina)		DATE			
Signature, ty	ped or printed name of registered agent an			 	when remarking/		CAIE			1
e de ceta e de la compa		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department Due By May 1, 2003			nt∗of State	د الله ۱۰۰۰ - التفاقية المستهد المستهد	evt t.		4.4°	-
9.	MANAGING MEMBER		10.			ADDITIONS/0	CHANGES			1
TITLE MGR		☐ Delete	TITLE					☐ Change	Addition	(02)
	OTTI, JACQUELYN		NAME							100
	IGH STREET		STREET ADDR							083
CITY-ST-ZIP BUNN	ELL FL 32110	☐ Delete	TITLE				1	Change	☐ Addition	CR2E083 (10/02)
NAME		L Detete	NAME				,	Change	☐ Addition	ᅙ
STREET ADDRESS			STREET ADDR	ESS						
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE	· Delete						l	Change	☐ Addition	
NAME STREET ADDRESS			NAME Street Addr	iess						
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE				(Change	Addition	1
NAME			NAME							
- STREET ADDRESS			- STREET ADDR CITY-ST-ZIP		 		·			
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Dolete	TITLE					Change	☐ Addition	1

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 of trustee empoyered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

☐ Delete

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MA

n light + 3/3/2

353-725 Daytime Phone #

Change

☐ Addition