| DOCUMENT # L0200005069 1. Entity Name THE EQUESTRIAN CENTER AT HORSE CREEK, LLC | | | | | | | | | | | | | | |
|--|---------------------------------------|----------------------------------|------------------|--|---|---|---|---|--|--|--|---|--|------------|
| Principal Place of Business 3001 TAMIAMI TRAIL NORTH, STE. 207 NAPLES FL 34103 2. Principal Place of Business Suite, Apt. #, etc. City & State | | | | Mailing Address 3001 TAMIAMI TRAIL NORTH, ST NAPLES FL 34103 | | | STE. 207 | | | | US JUL I SECRETAR TALUAHASS | | PM 2: 2 Y OF 315 EF: FL OP | |
| | | | | 3. Mailing Address | | | · · · · · | | | | | | | |
| | | | | Suite, Apt. #, etc. | | <u></u> | | | | | | | | |
| | | | | City & State | | | | | 4. FEI Number 03-0400679 Applied For Not Applicable | | | | | |
| Zip Country | | | Zip Cc | | | untry | <u>-</u> | · • | | tus Desired | | \$5.00 Ad | | |
| <u>.</u> | 6. Name | and Address o | of Current F | Registered Ag | gent - | <u> </u> | | - | | 1 | ess of New | | Fee Require | id |
| 3001 | Kovich, Ji 1 Tamiami "Les FL 34 | TRAIL NORTH | I, STE. 207 | 7 | • • | | Street A | ddress (| P.O. Box Nu | mber is N | ot Acceptat | ble) | <u> </u> | |
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| the obligati | ions of regist | y submits this st ered agent. | · · | nd tille if applicable | , NC FILEM heckiPaya | DTE: Registe | ered Agent signet | ure requirec 50.00 partme | when reinstating | <u>،</u> ح | 0313 | DAT | E F F F F F F F F F F F F F F F F F F F | and accept |
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