

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **LO2000008002**

1. Entity Name

Rising STAR Stables LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10/24 03 OCT -9 AM 8:23

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16672 115th Ave N

Suite, Apt. #, etc.

3. Mailing Address

16672 115th Ave N

Suite, Apt. #, etc.

City & State

Jupiter FL

City & State

Jupiter FL

Zip

33478

Country

USA

Zip

33478

Country

USA

DO NOT WRITE IN THIS SPACE

08/18/03 90109 040 \$50.00

4. FRI Number

75-3038506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Renée A MARSH

Street Address (P.O. Box Number is Not Applicable)

725 N Hwy A1A Ste C211

City

Jupiter

FL

Zip Code

33477

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Renée A Marsh

Renée A Marsh

10/5/03

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. **MGR** MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Renée A MARSH
725 N Hwy A1A Ste C211
Jupiter FL 33477**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Renée A Marsh RENEE A MARSH

10/5/03

561 748 1707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (1/202)