LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 30 PM 3:53
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DOCUMENT # L02000015277

1. Entity Name

THOROUGHBRED HOLDING COMPANY, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1840 MAIN STREET	SAME
Suite, Apt. #, etc.: 102	Suite, Apt. #, etc.:
City & State: WESTON FL	City & State:
Zip: 33326 — Country: USA	Zip: — Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 02-0618618 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 CORAL WAY 4TH FLOOR

City: MIAMI FL Zip Code: 33145

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 _____ DATE

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	OPERATING MANAGER/TREASURER	TITLE	
NAME	ALBERT C. CRAWFORD	NAME	
STREET ADDRESS	2073 WRIGHT ROAD	STREET ADDRESS	
CITY - ST - ZIP	CAZENOVIA NY 13035	CITY - ST - ZIP	
TITLE	VICE OPER. MGR./SECRETARY	TITLE	
NAME	ANDREA M. CRAWFORD	NAME	
STREET ADDRESS	2073 WRIGHT ROAD	STREET ADDRESS	
CITY - ST - ZIP	CAZENOVIA NY 13035	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	**DO NOT WRITE IN THIS SPACE**
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CITY - ST - ZIP		CITY - ST - ZIP	

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: ALBERT C. CRAWFORD 954-384-9119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

STF FL32519F.1