

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

MJH

FILED

03 APR 18 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

San Benedetto Horse Training, LLC

L0200002431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13464 57th Place South

Suite, Apt. #, etc.

3. Mailing Address

13464 57th Place South

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33467-6009

Country

USA

Zip

33467-6009

Country

USA

4. FEI Number

27-0030245

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

Ileana Arias Tovar, Esq

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

Weston Town Center

1725 Main Street, Suite 205

City

Weston

FL

Zip Code

33326

DO NOT WRITE
IN THIS SPACE

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

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. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ALFONSO MACEROLA
13464 57th Place South
Lake Worth, FL, 33467-6009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500016233675
04/18/03-01015-012 **55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
IRAYMA MENDEZ
13464 57th Place South
Lake Worth, FL, 33467-6009

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CITY-ST-ZIP

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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:

[Signature]

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

03-19-03 -561-3838581

Date

Daytime Phone #

CR2E083B (12/02)