

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001860

Entity Name: ARDMORE STUD, LLC

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

7400 NW 193RD STREET  
ORANGE LAKE, FL 32681

**New Principal Place of Business:**

3655 NE 138TH PLACE  
ANTHONY, FL 32617

**Current Mailing Address:**

PO BOX 787  
ORANGE LAKE, FL 32681

**New Mailing Address:**

PO BOX 669  
OCALA, FL 34478

FEI Number: 03-0502057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CROMARTIE, ROBERT A  
7400 NW 193RD STREET  
ORANGE LAKE, FL 32681 US

**Name and Address of New Registered Agent:**

CROMARTIE, ROBERT A  
3655 NE 138TH PLACE  
ANTHONY, FL 32617 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/28/2009

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CROMARTIE, ROBERT A  
Address: 7400 NW 193RD STREET  
City-St-Zip: ORANGE LAKE, FL 32681

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CROMARTIE, ROBERT A  
Address: 3655 NE 138TH PLACE  
City-St-Zip: ANTHONY, FL 32617

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT A. CROMARTIE

MGR

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date