

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000030590

**FILED**  
**Nov 01, 2005**  
**Secretary of State**

**Entity Name:** PREMIER INTERNATIONAL STUD FARM, LLC

**Current Principal Place of Business:**

8250 NW 136TH AVENUE ROAD  
OCALA, FL 34482

**New Principal Place of Business:**

**Current Mailing Address:**

8250 NW 136TH AVENUE ROAD  
OCALA, FL 34482

**New Mailing Address:**

FEI Number: 20-0159430      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

HOLLOWAY, MARSHA  
8250 NW 136TH AVENUE ROAD  
OCALA, FL 34482      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: MARSHA HOLLOWAY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HOLLOWAY, MARSHA  
Address: 8250 NW 136TH AVENUE ROAD  
City-St-Zip: Ocala, FL 34482

Title: MGR      ( ) Delete  
Name: LONG, CAROL J  
Address: 1747 SE 59TH STREET  
City-St-Zip: Ocala, FL 34480

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARSHA HOLLOWAY

MGR

11/01/2005

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