2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L04000068151

Entity Name: BRASS RING EQUESTRIAN CENTER, LLC

Current Principal Place of Business:

26733 FIELDS FARM LN
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

26733 FIELDS FARM LN
DADE CITY, FL 33525 US

New Mailing Address:

FEI Number: 20-1658663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MHYRE, BERNADETTE
26733 FIELDS FARM LN
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

MYHRE, BERNADETTE T
26733 FIELDS FARM LN
DADE CITY, FL 33525 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: BERNADETTE MYHRE 04/22/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MYHRE, BERNADETTE MRS.
Address: 26733 FIELDS FARM LN
City-St-Zip: DADE CITY, FL 33525 US

Title: MGRM (X) Delete
Name: MYHRE, RANDY MR.
Address: 26733 FIELDS FARM LN
City-St-Zip: DADE CITY, FL 33525 US

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 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: BERNADETTE T MYHRE MGR 04/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date