

#L05000028615

(Requestor's Name)

(Address)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Arborwood Stables LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gene R. Fruehling

Name of Person

Arborwood Stables LLC

Firm/Company

13295 60th Street South

Address

Wellington, FL

City/State and Zip Code

gene@arborwoodstables.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gene R. Fruehling at ( 954 ) 275-1843

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

- 13295 60th Street South  
Wellington, FL 33449

L05000028615

- Gene Fruhling

14270 Palm Beach Point Blvd  
Wellington, FL 33414

- Gene Fruehling**

13295 60th Street South  
Wellington, FL 33449

**.FL**

Signature of a member or authorized representative of a member

Gene R. Fruehling

Printed or typed name of signee

Signature of Registered Agent

INHS 18 (05/08)