


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000054764		
1. Entity Name THE RIDING ACADEMY, LLC		

FILED
07 OCT 25 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 13159 57TH PLACE SOUTH LAKE WORTH, FL 33467	Mailing Address 11924 FOREST HILL BLVD. SUITE 22-325 WELLINGTON, FL 33414
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10182007 REIN-LLC CR2E101 (1/07)

City & State	City & State
Zip	Country

4. FEI Number APPLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ROACH, JEROME J 12445 GUILFORD WAY WELLINGTON, FL 33414
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7. Name and Address of New Registered Agent Name <u>Helen Varble</u> Street Address (P.O. Box Number is Not Acceptable) <u>11924 Forest Hill Blvd, Suite 22-325</u> City <u>Wellington</u> FL Zip Code <u>33414</u>

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAUTENBACH, HELEN V 11924 FOREST HILL BLVD., STE 22-325 WELLINGTON, FL 33414 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700111363097 10/25/07--01048--019 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date _____	Daytime Phone # _____
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