

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000086872

**Entity Name:** AUTHENTIC STABLES, LLC

**FILED**  
**Jun 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3442 OLD HAMPTON DRIVE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

3442 OLD HAMPTON DRIVE  
WELLINGTON, FL 33414

**New Mailing Address:**

C/O ALBERT W. GORTZ, PROSKAUER ROSE LLP  
2255 GLADES ROAD, SUITE 421A  
BOCA RATON, FL 33431

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

PROSKAUER ROSE LLP, ATTN: ALBERT W. GORTZ  
2255 GLADES ROAD  
SUITE 421A  
BOCA RATON, FL 33431 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: ALBERT W. GORTZ

06/06/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WEXNER, ABIGAIL S  
Address: 3442 OLD HAMPTON DRIVE  
City-St-Zip: WELLINGTON, FL 33414

I hereby 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: ABIGAIL S WEXNER

MGRM

06/06/2012

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