

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000092798

FILED
Dec 18, 2009
Secretary of State**Entity Name:** INFIELD EQUINE LLC**Current Principal Place of Business:**20990 NE HWY 27
WILLISTON, FL 32696**New Principal Place of Business:****Current Mailing Address:**20990 NE HWY 27
WILLISTON, FL 32696**New Mailing Address:****FEI Number:** 20-3596213**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCLELLAN, JONATHAN
20990 NE HWY 27
WILLISTON, FL 32696 US**Name and Address of New Registered Agent:**SERVIZIO, HOLLY
20990 NE HWY 27
WILLISTON, FL 32696 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: HOLLY SERVIZIO

12/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: MCLELLAN, JONATHAN
Address: 20990 NE HWY 27
City-St-Zip: WILLISTON, FL 32696**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: SERVIZIO, HOLLY
Address: 20990 NE HWY 27
City-St-Zip: WILLISTON, FL 32696

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: HOLLY SERVIZIO

MGR

12/18/2009

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