

DOCUMENT# L05000115624

**Entity Name:** SOUTH SHORE EQUESTRIAN DEVELOPMENT, LLC

**Current Principal Place of Business:**

13125 SOUTHFIELDS ROAD  
WELLINGTON, FL 33414

**New Principal Place of Business:****Current Mailing Address:**

13125 SOUTHFIELDS ROAD  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

**Certificate of Status Desired ( )**

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

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

SWERDLIN, SCOTT J DVM  
13125 SOUTHFIELDS ROAD  
WELLINGTON, FL 33414 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:

Electronic Signature of Registered Agent

Date \_\_\_\_\_

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SWERDLIN, SCOTT J DVM  
Address: 13125 SOUTHFIELDS ROAD  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Delete  
Name: BANKS, GEORGE  
Address: 13125 SOUTHFIELDS ROAD  
City-St-Zip: WELLINGTON, FL 33414

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: SCOTT J. SWERDLIN

DR.

01/14/2008

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