

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118690

FILED
Jul 07, 2007
Secretary of State

Entity Name: PAUL TRACY HORSESHOEING ,LLC

Current Principal Place of Business:

12119 SUNSET POINT CIRCLE
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

12119 SUNSET POINT CIRCLE
WELLINGTON, FL 33414 US

New Mailing Address:

P O BOX 477
LOXAHATCHEE, FL 33470 US

FEI Number: 20-3933384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TRACY, PAUL
12119 SUNSET POINT CIRCLE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: TRACY, PAUL
Address: 12119 SUNSET POINT CIRCLE
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM () Delete
Name: CONNORS, MICHAEL
Address: 1231 LAKE BREEZE DR
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TRACY, PAUL
Address: P O BOX 477
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: MGRM (X) Change () Addition
Name: CONNORS, MICHAEL
Address: P O BOX 1253
City-St-Zip: LOXAHATCHEE, FL 33470 US

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: PAUL TRACY

MGRM

07/07/2007

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