

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118690

FILED  
Jan 05, 2009  
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:**

P O BOX 477  
LOXAHATCHEE, FL 33470 US

**New Mailing Address:**

**FEI Number:** 20-3933384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:** P O BOX 477  
**City-St-Zip:** LOXAHATCHEE, FL 33470 US

**Title:** M ( ) Delete  
**Name:** MICHAEL CONNORS LLC,  
**Address:** P O BOX 1253  
**City-St-Zip:** LOXAHATCHEE, FL 33470 US

**ADDITIONS/CHANGES:**

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

**Title:** MGRM (X) Change ( ) Addition  
**Name:** CONNORS, MICHAEL LLC  
**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

01/05/2009

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