

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007026

FILED
Mar 09, 2009
Secretary of State

Entity Name: MOBILE HORSE SUPPLY, LLC

Current Principal Place of Business:

2490 S. COUNTY ROAD 419
CHULUOTA, FL 32766

New Principal Place of Business:

Current Mailing Address:

2490 S. COUNTY ROAD 419
CHULUOTA, FL 32766

New Mailing Address:

FEI Number: 20-4153597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCRACKEN, R. JO
2490 S. COUNTY ROAD 419
CHULUOTA, FL 32766 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: MCCRACKEN, R. JO
Address: 2490 S. COUNTY ROAD 419
City-St-Zip: CHULUOTA, FL 32766

ADDITIONS/CHANGES:

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: R. JO MCCRACKEN

MNGR

03/09/2009

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