

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090619

FILED  
Jul 06, 2009  
Secretary of State

**Entity Name:** DREAMSTONE FARM AND TRAINING LLC

**Current Principal Place of Business:**

2023 SW 146 ST  
NEWBERRY, FL 32669 FL

**New Principal Place of Business:**

730 SW 143RD STREET  
NEWBERRY, FL 32669 FL

**Current Mailing Address:**

2023 SW 146 ST  
H 16  
NEWBERRY, FL 32669 FL

**New Mailing Address:**

730 SW 143RD STREET  
NEWBERRY, FL 32669 FL

FEI Number: 56-2603769 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
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:**

ADAMY, TARYN M  
2023 SW 196 ST  
NEWBERRY, FL 32669 US

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

ADAMY, TARYN M  
730 SW 143RD STREET  
NEWBERRY, FL 32669 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: TARYN M ADAMY

07/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ADAMY, TARYN  
Address: 4000 SW 47TH ST H16  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ADAMY, TARYN  
Address: 730 SW 143RD STREET  
City-St-Zip: GAINESVILLE, FL 32669

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: TARYN ADAMY

MGRM

07/06/2009

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