

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90023 015 \*\*\*143.75

**DOCUMENT # L06000112288**

1. Entity Name

FORMIA RACING STABLE LLC



Principal Place of Business

338 TUSCANY F  
DELRAY BEACH FL 33446  
US

Mailing Address

338 TUSCANY F  
DELRAY BEACH FL 33446  
US



2. Principal Place of Business - No P.O. Box #

438 CAPRI J

Suite, Apt. #, etc.

3. Mailing Address

438 CAPRI J

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

DELRAY BEACH, FL

Zip

33484

Country

USA

City & State

DELRAY BEACH, FL

Zip

33484

Country

USA

4. FEI Number

57-1149250

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FORMIA, GRO A  
338 TUSCANY F  
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEB 45 \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete  
NAME FORMIA, GRO A  
STREET ADDRESS 338 TUSCANY F  
CITY - ST - ZIP DELRAY BEACH FL 33446

TITLE MGR ☐ Delete  
NAME FORMIA, OSVALDO R  
STREET ADDRESS 338 TUSCANY F  
CITY - ST - ZIP DELRAY BEACH FL 33446

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Car Formia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/10/08

Date

561 499 4463

Daytime Phone #