

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112288

Entity Name: FORMIA RACING STABLE LLC

FILED  
Apr 15, 2009  
Secretary of State

**Current Principal Place of Business:**

438 CAPRI J  
DELRAY BEACH, FL 33484 US

**New Principal Place of Business:**

**Current Mailing Address:**

438 CAPRI J  
DELRAY BEACH, FL 33484 US

**New Mailing Address:**

FEI Number: 57-1149250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FORMIA, GRO A  
338 TUSCANY F  
DELRAY BEACH, FL 33446 US

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

FORMIA, GRO A  
438 CAPRI J  
DELRAY BEACH, FL 33484 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:

04/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FORMIA, GRO A  
Address: 338 TUSCANY F  
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: MGR ( ) Delete  
Name: FORMIA, OSVALDO R  
Address: 338 TUSCANY F  
City-St-Zip: DELRAY BEACH, FL 33446 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FORMIA, GRO A  
Address: 438 CAPRI J  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: MGR (X) Change ( ) Addition  
Name: FORMIA, OSVALDO R  
Address: 438 CAPRI J  
City-St-Zip: DELRAY BEACH, FL 33484 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: GRO FORMIA

MGR

04/15/2009

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