

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000064730

FILED
Jun 16, 2008
Secretary of State

Entity Name: DOUBLE S STABLES LLC

Current Principal Place of Business:

501 NE 132ND TERRACE
GAINESVILLE, FL 32641

New Principal Place of Business:

16651 NE 10TH ST
WILLISTON, FL 32696

Current Mailing Address:

501 NE 132ND TERRACE
GAINESVILLE, FL 32641

New Mailing Address:

16651 NE 10TH ST
WILLISTON, FL 32696

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
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:

SAMS, BEVERLY E
501 NE 132ND TERRACE
GAINESVILLE, FL 32641 US

Name and Address of New Registered Agent:

SAMS, BEVERLY E
16651 NE 10TH ST.
WILLISTON, FL 32696 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:

06/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAMS, BRIAN E
Address: 501 NE 132ND TERRACE
City-St-Zip: GAINESVILLE, FL 32641

Title: MGRM () Delete
Name: SAMS, BEVERLY E
Address: 501 NE 132ND TERRACE
City-St-Zip: GAINESVILLE, FL 32641

Title: MGRM () Delete
Name: SAMS, JAMES L
Address: 6214 ELYRIA AVENUE
City-St-Zip: ELYRIA, OH 44035

Title: MGRM () Delete
Name: SAMS, JARED E
Address: 501 NE 132ND TERRACE
City-St-Zip: GAINESVILLE, FL 32641

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SAMS, BRIAN E
Address: 16651 NE 10TH ST.
City-St-Zip: WILLISTON, FL 32696

Title: MGRM (X) Change () Addition
Name: SAMS, BEVERLY E
Address: 16651 NE 10TH ST.
City-St-Zip: WILLISTON, FL 32696

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

Title: MGRM (X) Change () Addition
Name: SAMS, JARED E
Address: 16651 NE 10TH ST.
City-St-Zip: WILLISTON, FL 32696

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: BEVERLY E. SAMS

MGRM

06/16/2008

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