

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000028968

**FILED**  
**Aug 18, 2009**  
**Secretary of State**

**Entity Name:** SUNCOAST STABLES AND RIDING ACADEMY, LLC

**Current Principal Place of Business:**

17140 LAKESHORE RD.  
LUTZ, FL 33558 US

**New Principal Place of Business:**

16759 STATE RD. 54  
LUTZ, FL 33558 US

**Current Mailing Address:**

17140 LAKESHORE RD.  
LUTZ, FL 33558 US

**New Mailing Address:**

17659 JAMESTOWN WAY  
LUTZ, FL 33558 US

**FEI Number:** 26-2854301      **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:**

LEE, KRYSTLE  
17140 LAKESHORE RD.  
LUTZ, FL 33558 US

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

LEE, KRYSTLE  
17659 JAMESTOWN WAY  
LUTZ, FL 33558 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: KRYSTLE A. LEE

08/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEE, KRYSTLE  
Address: 17140 LAKESHORE RD.  
City-St-Zip: LUTZ, FL 33558 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEE, KRYSTLE  
Address: 17659 JAMESTOWN WAY  
City-St-Zip: LUTZ, FL 33558 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: KRYSTLE A. LEE

MGRM

08/18/2009

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