

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000122193

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** NEW RIVER STABLES, LLC

**Current Principal Place of Business:**

16330 SOUTHWEST 144TH AVE  
BROOKER, FL 32622

**New Principal Place of Business:**

**Current Mailing Address:**

16330 SOUTHWEST 144TH AVE  
BROOKER, FL 32622

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WALL, CARITA S  
16330 SOUTHWEST 144TH AVE  
BROOKER, FL 32622 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: WALL, CARITA  
Address: 16330 SW 144TH AVE  
City-St-Zip: BROOKER, FL 32622

I hereby 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: CARITA WALL

P

04/11/2011

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